



YMCA of Honolulu

Financial Assistance Application

Learn. Grow. Thrive.

We believe everyone, regardless of their financial situation, deserves access to our services and programs that help children realize their potential, people of all ages to live healthier and everyone to connect and support each other to build stronger communities we all want to live in.

Let our Donors Help You

Thanks to the generosity of donors, we offer financial assistance for individuals, youth and families who otherwise cannot afford the full cost of a Y membership or program. Each year, our Y staff and volunteers lead our Annual Campaign to generate financial support with 100% of donations raised going directly to members, families and youth in need.

**The percentage of membership and program fees covered by YMCA financial assistance is determined by a sliding scale based on your total household income, number of household members and the availability of financial assistance funds.*

How To Apply For Financial Assistance

1. Use our simple online calculator to determine the percentage of membership or program fees you would pay based on the financial assistance provided by the YMCA.
2. Bring each of the following to any YMCA Branch location near you:
 - Completed Financial Assistance Application form (Forms also available at any YMCA Branch location)
 - Completed Registration Form for the program you are interested in
 - Your Government-issued photo ID
 - Copy of most recent W-2(s) (All earners within the household)
 - Copy of Full tax return: 1040, 1040EZ, 1040A, or Schedule C (All earners within the household)

If W-2s or Tax Returns are not available, bring one of the following from all earners in the household):

- Copy of paystubs (one-month)
- Copy of Benefit Statement (Social Security, Disability or Unemployment)
- Copy of Government Assistance Benefits letter
- Letter from your employer verifying your employment and stating your annual salary
- For United States Military members: Leave and Earnings Statement (LES)

Financial Assistance Agreement

By filling out the attached application and signing below, I give permission to the YMCA of Honolulu to use the enclosed and attached information to evaluate my eligibility for financial assistance. I also acknowledge that I am aware of and will comply with the rules and policies of the YMCA of Honolulu and its financial assistance program. I understand that to remain eligible for the financial assistance I receive, I must be a YMCA participant in good standing, be responsible for turning in a renewal financial assistance application with required documentation every 12 months and understand that financial assistance is contingent on availability of financial assistance funds.

Applicant's Name Printed

Applicant's Signature

Date



YMCA of Honolulu
Membership and/or Program Financial Assistance Application

Date Completed: _____

Qualification lasts for 12 months, must be renewed annually.

Single Program Participant or Single Membership	Last Name		First Name		
	Best Contact Number		Email		
	Total Number in Household: (Include all adults, youth and dependents):			Total Household Income:	

OR

Family Program Participants or Family Membership	Last Name		First Name		
	Best Contact Number		Email		
	Total Number in Household: (Include all adults, youth and dependents):			Total Household Income:	

Tell us your story. Why are you in need of assistance at this time? How will participating in a Y program or membership benefit you and/or your family?

FINANCIAL ASSISTANCE IS PROVIDED BY GENEROUS DONORS AND VOLUNTEERS

Would you be willing to participate in our Annual Campaign by raising funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	Would you be willing to convey message of thanks to donors of our Annual Campaign? <input type="checkbox"/> YES <input type="checkbox"/> NO	Would you be willing to share your story in an effort to communicate the importance of giving to our Annual Campaign? <input type="checkbox"/> YES <input type="checkbox"/> NO
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For YMCA Staff To Use Only

% Assistance Approved For:	Staff Initial _____	For Programs, Contacted:	Agreed: Y N
		For Membership, Contacted:	Agreed: Y N
Check Documents Received: <input type="checkbox"/> W-2(s) <input type="checkbox"/> Full tax return: 1040, 1040EZ, 1040A, or Schedule C <u>Alternative Forms:</u> <input type="checkbox"/> Paystubs (one-month) <input type="checkbox"/> Benefit Statement (Social Security, Disability or Unemployment) <input type="checkbox"/> Government Assistance Benefits letter <input type="checkbox"/> Letter from employer verifying employment and annual salary			Date Registration Entered: _____ Notes:

The YMCA of Honolulu is a fellowship dedicated to putting Christian principles into practice through programs that build a healthy spirit, mind, and body for all.