



300 W. Lanikaula Street
Hilo, HI 96720
808-935-3721
<https://islandofhawaiiymca.org/>

**FINANCIAL ASSISTANCE APPLICATION
NEW HORIZONS YOUTH PROGRAM**

MOTHER:

Last Name: _____ First Name _____
Cell Phone: _____ Home Phone: _____
Email address: _____ Residence Address: _____
Current Employer: _____ Occupation: _____
Monthly Salary/wages/tips: _____ Hours worked per week: _____

FATHER:

Last Name: _____ First Name _____
Cell Phone: _____ Home Phone: _____
Email address: _____ Residence Address: _____
Current Employer: _____ Occupation: _____
Monthly Salary/wages/tips: _____ Hours worked per week: _____

Other sources of income: _____ Household size: _____

If unemployed, please explain how you support your family financially:
If receiving unemployment insurance compensation, when does this end?
How much are you able to afford?
Is there anything else we need to know about your financial situation:

Required Documentation:

- 1. Driver's License or State ID
- 2. Last 2 months of paystubs
- 3. Proof of Income
- 4. Previous year tax return
- 5. Verification of DHS Assistance (if applicable)
- 6. Optional: Personal Statement of Hardship

Signature: _____ Date: _____

YMCA Staff: _____

Our financial assistance program serves individuals & families who show financial hardship. This application shall accompany a completed DAY CAMP application form. First come first served.

YMCA Review Committee	YMCA General Membership: _____
Comments: _____	

CEO decision: _____	
