



PALAMA SETTLEMENT
 810 N. Vineyard Boulevard
 Honolulu, Hawaii 96817
 Phone: 845-3945

FINANCIAL AID APPLICATION

Date: _____

Program Title: 2020 Summer Enrichment Program

Name of Participant: _____

Birthdate: __/__/__

Address: _____

Age: ____ Grade: ____

Home Phone No. _____

Email: _____

Do you reside in one of the following communities?

Mayor Wright__ Kaahumanu__ KPT__ Kamehameha__ Kukui Gardens__

PARENT/LEGAL GUARDIAN FINANCIAL INFORMATION

Father/Legal Guardian: _____
 (Please circle one)

Mother/Legal Guardian: _____
 (Please circle one)

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

Monthly Gross Income \$ _____

Monthly Gross Income \$ _____

DSSH Allotment: \$ _____

DSSH Allotment: \$ _____

TOTAL GROSS HOUSEHOLD INCOME FOR THE PAST TWO MONTHS: \$ _____

TOTAL NUMBER OF DEPENDENTS (including Participant): _____

TOTAL NUMBER OF HOUSEHOLD MEMBERS IN PARTICIPANT'S HOUSEHOLD: _____

Please list all household members included in the above number:

Name	Relationship to Participant	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All information disclosed on this application is strictly confidential and will be used toward the determination of financial aid only. I have attached all required documentation and understand that any omissions may effect the financial aid determination. By signing below, I am verifying that all information provided is true and correct to the best of my knowledge.

 Please Print Full Name

 Signature

 Date

Please see reverse side for additional instructions.



Palama Settlement

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In response to economic hardships resulting from the COVID-19 pandemic, priority of Palama Settlement's financial aid will be given to families whose employment has been impacted. This includes the loss of employment, furlough, reduction of work hours, and/or medical considerations due to COVID-19. To participate in the financial aid program, (50% reduction of the four week registration fee, or \$75) please complete the Financial Aid Application and submit one of the following:

DO NOT SUBMIT ORIGINALS, DOCUMENTS WILL NOT BE RETURNED
Submit copies only!

1. Department of Labor Unemployment verification
2. Document (letter or other) from current or past employer
3. Medical documentation

Please note that financial aid is limited and will be awarded on a first-come, first-served basis.

Incomplete applications will not be considered.

OFFICE USE ONLY:

Application Received: _____

Approved: _____

Financial Aid Amount: \$ _____

Additional Documents Checklist:

Denied: _____

Balance due: \$ _____

Federal Tax Return from 2017

Current pay statements (last 2 months)

DSSH Letter stating income (if applicable)

Applicant Notified: _____