



Financial Assistance Request

Parent Info:

Name: (last, first, m.) _____ Cel #: () _____

Address (mailing) _____ City _____ Zip _____

E-mail Address: _____

Facebook/ Instagram Name: _____

Spouse (other guardian) _____ Cel #: () _____

Address (mailing) _____ City _____ Zip _____

E-mail Address: _____

Facebook/ Instagram Name: _____

Keiki Info:

Keiki Name: _____ Age: _____ Birthdate: ____/____/____:

School: _____ Grade: _____ Teacher: _____

Gender: **M** OR **F** Race: _____

Keiki Name: _____ Age: _____ Birthdate: ____/____/____:

School: _____ Grade: _____ Teacher: _____

Gender: **M** OR **F** Race: _____

Keiki Name: _____ Age: _____ Birthdate: ____/____/____:

School: _____ Grade: _____ Teacher: _____

Gender: **M** OR **F** Race: _____

Other Siblings (same household):: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please describe your home in terms of square footage, # beds/baths, neighborhood:

Vehicle: Year: _____ Make: _____ Model: _____

FINANCIAL WORKSHEET

WAGES AND TIPS:

Employer: _____ \$ _____
Employer: _____ \$ _____
Employer: _____ \$ _____

TOTAL WAGES AND TIPS: (A) \$ _____

SELF EMPLOYMENT

Source: _____ \$ _____
Source: _____ \$ _____

TOTAL SELF EMPLOYMENT INCOME: (B) \$ _____

OTHER INCOME:

Child Support/ Alimony \$ _____
Electronic Food Benefit (EBT) \$ _____
Unemployment/ Workers Comp. \$ _____
Disability/ Social Security \$ _____
OTHER (DESCRIBE): \$ _____

TOTAL OTHER INCOME: (C) \$ _____

TOTAL HOUSEHOLD MONTHLY INCOME: (A + B + C): \$ _____

ASSETS:

Cash in bank/ on hand: \$ _____
Real Estate \$ _____
Stocks/ Bonds \$ _____
Investment/ Retirement Account \$ _____
Furniture/ Electronics/ Jewelry \$ _____

TOTAL ASSET VALUE: \$ _____

EXPENSES:

Mortgage/ Rent: \$ _____
Utilities: \$ _____
Car Payment/ Insurance \$ _____
Loans/ Credit Cards: \$ _____
Other (describe): _____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

HOUSEHOLD COMPOSITION:

Adults whose income supports the ohana?: _____ # ADULTS: _____ # KEIKI _____
Keiki seeking enrollment?: _____

OTHER ACTIVITIES:

List other clubs/ activities that keiki plan to participate in during their enrollment in ASMC.

Keiki: _____ Program: _____

Dates/ Schedule: _____

Dues: \$ _____ per _____ Sponsored or Scholarship? **YES** **NO**

Keiki: _____ Program: _____

Dates/ Schedule: _____

Dues: \$ _____ per _____ Sponsored or Scholarship? **YES** **NO**

Keiki: _____ Program: _____

Dates/ Schedule: _____

Dues: \$ _____ per _____ Sponsored or Scholarship? **YES** **NO**

GOALS:

Please describe the musical goals you have for your keiki:

What aptitudes for music do you recognize in your keiki? (talent?)

What goals do(es) your keiki have for learning music?

How will you support your keiki in the daily practice of becoming a musician?

The information I have submitted is true and I can provide proof upon request. I understand that falsifying or omitting information may result in termination of any/all agreements and enrollments

SIGNATURE OF AUTHORIZED ADULT: _____ **DATE:**

Non-Discrimination Policy: Maui Music Mission does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to all.



Financial Assistance Request

Please indicate what type of assistance you are requesting:

1. Reduced After School Music Club Dues
2. Sponsorship/ Scholarship
3. Monthly Payments

Submission of this request does not guarantee nor imply approval by any means. Each application will be considered by our board of directors and you will be notified of the decision within 10 days. Payments are due on the 1st day of each enrollment period regardless of the status of your request.

A valid credit card is required to secure monthly payment arrangements and all late pending financial assistance requests.

Mahalo for your Kōkua!