



Financial Assistance Request

Parent Info:

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

Address (mailing) _____ City _____ Zip _____

E-mail Address: _____

Facebook/ Instagram Name: _____

Social Security Number: _____ -- _____ -- _____

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

Address (mailing) _____ City _____ Zip _____

E-mail Address: _____

Facebook/ Instagram Name: _____

Social Security Number: _____ -- _____ -- _____

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: _____

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

Please attach verification for each item. Mahalo.

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: _____ # KEIKI _____

Adults whose income supports the ohana?: _____ # 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**

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 complete. I have attached proof for each item.

I understand that falsifying or omitting information may cause termination of enrollments.

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

SIGNATURE OF OTHER GUARDIAN: _____ **DATE:** _____

Non-Discrimination Policy: Maui Music Mission does not discriminate on the basis of race, color, national origin, sex, disability, or age and provides equal access to all. 501c3



Financial Assistance Request

Mahalo for Your Request!

You will be notified by an adjustment to your invoice in the amount for which you qualify.

Please set up AutoPay to submit your balance due in monthly installments.

Note: There is a late payment fee of \$5 per day on invoices which remain overdue by more than 10 days.

**Get Ready for an AWESOME Musical Journey that will
Change Your Life FOREVER!**