



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

FINANCIAL AID APPLICATION

Date: _____

Program Title: 2019 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: \$ _____

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.



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Palama Settlement provides financial aid for all qualified applicants who wish to participate in our programs. The Financial Aid Application must be submitted with the items listed below to be considered. **Incomplete applications will not be considered.**

Please attach the following required items to the Application for Financial Aid.

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

- 1) Federal Income Tax Return for 2018
- 2) Current pay statements for preceding two months.
- 3) If receiving DSSH, a letter stating income from DSSH.

OFFICE USE ONLY:

Application Received: _____	Approved: _____	Financial Aid Amount: \$ _____
Additional Documents Checklist:	Denied: _____	Balance due: \$ _____
<input type="checkbox"/> Federal Tax Return from 2017		
<input type="checkbox"/> Current pay statements (last 2 months)	Applicant Notified: _____	
<input type="checkbox"/> DSSH Letter stating income (if applicable)		