

MEANS OF SUPPORT FORM
 Prek12 Programs Outreach Support Services
 School Year 2023-24



KAMEHAMEHA SCHOOLS®

Student Last Name: _____ Student First Name: _____

Parent/Legal Guardian Name: _____

The Means of Support form is a required document for students with an annual household income of \$5,000 or less for 2021. **Complete this form and upload to your Financial Aid or Scholarship application by the program deadline you are applying to.** If we do not receive this form the student’s application is considered incomplete and will not be reviewed.

EXPENSE <i>(Please estimate the total support provided for each section. Blank forms will be returned)</i>		
Type of Expense	Estimated Monthly \$ Amount	Source of Financial Support
<i>Example: Housing</i>	<i>\$500.00</i>	<i>Parents</i>
Housing*		
Utilities*		
Food		
Clothing		
Child Support Payments		
Health Insurance and Medical Expenses		
Car Insurance		
Car Payment		
Child Care		
Other:		

*List only those expenses payable by the individual(s)—not parent’s home mortgage, rent or utilities.

CERTIFICATION *(Please read carefully and sign below)*

I/We hereby certify that the above statements are true to the best of my/our knowledge and agree to furnish proof and other documentation as requested. I/We acknowledge that failure to disclose any requested information, or providing inaccurate, incomplete and/or false or misleading information, may result in my or my/our child’s disqualification.

 Parent/Legal Guardian #1 Signature

 Date

 Phone Number

 Parent/Legal Guardian #2 Signature (if applicable)

 Date

 Phone Number