



YMCA of Greater St. Paul

YMCA of Metropolitan Minneapolis

Program Personal Pricing Plan

The mission of the YMCA is to build strong kids, strong families, and strong communities, while promoting the core values of Caring, Honesty, Respect, and Responsibility. The YMCA is community-based and serves people of all ages, backgrounds, abilities, and incomes. We recognize that financial situations can sometimes make it difficult for families or individuals to participate in the YMCA. The YMCA welcomes those who wish to participate, and to help make that possible we offer a Personal Pricing Plan program.

YMCA Personal Pricing is made possible in part through the very generous contributions of individuals and businesses who support our annual Y-Partners campaign and from other donors who are committed to the YMCA mission. It is through their generosity and commitment that funds are available to provide assistance to children, families, and individuals who need the support.

To apply, please complete the attached form completely and provide required registration form and deposit. The YMCA requires that applicants provide the requested information on income, family size, and special situations so that we may provide personal pricing in a fair and consistent manner. Awards are based on a sliding fee scale. Applications are processed within 2 weeks of receipt, unless extenuating circumstances apply.

Please note that incomplete applications will be returned to the applicant and will not be considered until complete application and required documents are received.



Program Personal Pricing Instructions

1. Fill out the personal pricing application in each of the following sections...
 - a. Applicant Information
 - b. Family Information
 - c. Financial Information
 - d. County / Third Party Agency Assistance
 - e. Parent Narrative / Special Situations
 - f. Program Information
 - g. Fundraising / Volunteer Information
 - h. Summary Questions - Signature
2. Attach a copy of the original documents that provide proof of all income sources for each adult in the household.
3. Include the registration form for the program desired plus the required **deposit or registration fee**. This is required for all program participants unless you indicate that this is paid through county/agency assistance.
4. Send all documents for the following programs directly to the YMCA Business Center. (2125 E. Hennepin Ave, Suite 100; Minneapolis, MN 55413)
 - a. Childcare
 - b. Summer Programs
 - c. Day Camp
 - d. Overnight Camp
5. All other programs may be turned in to your local YMCA branch.
6. Please allow 2 weeks for processing. You will receive a letter along with a personal pricing document indicating whether you were approved / denied for program assistance.
7. This document should be signed and returned to the Business Center or your local branch upon receipt for all approvals.



Personal Pricing Plan YMCA programs

Today's Date: _____

FINANCIAL INFORMATION

YMCA CAMPING REQUIRES THE FOLLOWING INCOME INFORMATION FROM ALL ADULT MEMBERS OF THE HOUSEHOLD. PLEASE INCLUDE THE INDICATED SOURCE AND ATTACH PROOF OF INCOME.

<u>Income Source</u>	<u>Monthly \$ Amount</u>	<u>Expected Changes</u> <small>(If Any)</small>	<u>Proof of Income Attached</u> <i>(Include one of requested forms)</i>
Wages, Tips, Other	\$		<input type="checkbox"/> 1040, W-2's, 2 Pay Stubs
Spousal Support / Child Support	\$		<input type="checkbox"/> Legal Documents / Check Copies
Disability / Social Security	\$		<input type="checkbox"/> SSI Documentation / 2 Pay Stubs
Unemployment	\$		<input type="checkbox"/> Unemployment Approval letter
Self Employment	\$		<input type="checkbox"/> 1040, 1099's
Other (Include County, Agency Income/Support)	\$		<input type="checkbox"/> Proof of other Income
Total Monthly Income	\$		All Required Documents Attached

COUNTY / THIRD PARTY AGENCY ASSISTANCE

1. Have you applied for, or are currently receiving County Assistance? **Y / N**

If yes, please list the specific County: _____ and Case # _____

2. Have you applied for, or are currently receiving assistance from another Agency? **Y / N**

If yes, please list the specific Agency Name: _____ and Phone # _____

PARENT-GUARDIAN NARRATIVE / SPECIAL SITUATIONS

Please provide narrative to explain why the experience of attending our program would benefit your child. Also explain any special situations that you feel we should know about.



Personal Pricing Plan YMCA programs

Today's Date: _____

PROGRAM INFORMATION

Please check all that apply for assistance up to **50% of Program Costs**
Deposit/Registration Fees are required for most programs. Refer to registration form for additional information
Personal Pricing will not be completed without registration form and deposit/registration fees required

<u>Program Name</u>	<u>Program Type</u>	<u>Participant Name (s)</u>	<u>Registration Forms Required</u> <small>(attached with deposit / reg. fee)</small>
Youth / Adult Sports	<input type="checkbox"/> Youth Sports <input type="checkbox"/> Adult Sports		<input type="checkbox"/> Yes <input type="checkbox"/> No
Aquatics	<input type="checkbox"/> Swim Academy <input type="checkbox"/> Swim Team		<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth, Teen, & Family Programs	<input type="checkbox"/> Youth In Government <input type="checkbox"/> Leadership Programs <input type="checkbox"/> Teen Programs <input type="checkbox"/> Youth Programs <input type="checkbox"/> Family Programs		<input type="checkbox"/> Yes <input type="checkbox"/> No
Childcare	<input type="checkbox"/> Licensed <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Aged <input type="checkbox"/> Release Day Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
Summer Childcare Programs	<input type="checkbox"/> Summer Power <input type="checkbox"/> Summer Kindergarten <input type="checkbox"/> Summer Power <input type="checkbox"/> Summer Uproar <input type="checkbox"/> Summer School <input type="checkbox"/> Summer Sports <small>(4 Weeks only)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Day Camp	<input type="checkbox"/> Traditional Camp <input type="checkbox"/> Wee Bee Backpackers <input type="checkbox"/> Teen Quest (2 weeks only)		<input type="checkbox"/> Yes <input type="checkbox"/> No

FUNDRAISING / VOLUNTEER INFORMATION

Each year, both associations of the YMCA raise fund through our annual Y-Partners campaign. Without the support of donors, the personal pricing plan would not be possible. One of the most valuable ways we keep donors committed is to say "thank you!" Our donors have said time and time again that receiving a thank you note from a recipient of a personal pricing plan is the most meaningful form of thanks they can receive. To that end, we ask that your child write a thank you note describing what the program experience has meant to them.



Personal Pricing Plan YMCA programs

Today's Date: _____

MAY WE SHARE YOUR STORY ON WHAT THE PROGRAM EXPERIENCE MEANT TO YOUR CHILD AND YOUR FAMILY?

- Yes, Please contact me
- No, Not at this time

SUMMARY QUESTIONS - SIGNATURE

1. What is the maximum family contribution you can make toward your child's program experience?

Personal Pricing Plan participants who default on payment schedule will forfeit participation in current and future programs or membership with the YMCA of Greater St. Paul and the YMCA of Metropolitan Minneapolis. Payments must be made on or before the due date. By signing below, I testify that the above provided information is accurate, truthful, and comprehensive. I understand and agree to all policies pertaining to this application and will follow specific program policies.

Signature of Applicant:

Date: