



YMCA of Greater St. Paul

YMCA of Metropolitan Minneapolis

Camp Personal Pricing Plan

The mission of the Y is for Youth Development, Healthy Living, and Social Responsibility, while promoting the core values of Caring, Honesty, Respect, and Responsibility. The Y 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 Y. The Y welcomes those who wish to participate, and to help make that possible we offer a Personal Pricing Plan program.

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 Y 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 along with a \$50.00 deposit. The Y 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 2-3 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.

Wilderness Camp Personal Pricing Instructions

- Complete all sections of the application

Applicant Information
Family Information
Financial Information
County / Third Party Agency Assistance
Parent Narrative / Special Situations
Camp Information
Fundraising / Volunteer Information
Summary Questions - Signature

- Attach a copy of the original documents that provide proof income sources for each adult in the household.

NOTE: Preferred proof of income is most recent federal tax return. Utilizing your tax return in January through April will ensure your program personal pricing qualification will be on an annual basis.

- Include the registration form for the program desired plus the required **\$50.00 deposit**. This is required for all camp participants unless you indicate that this is paid through county/agency assistance.

- Send all documents with registration information to

**YMCA Customer Service Center
2125 E. Hennepin Ave, Suite 100
Minneapolis, MN 55413**

Please allow 2-3 weeks for processing. You will receive an email or letter notification.



Personal Pricing Plan – Wilderness Camp

Today's Date: _____

APPLICANT INFORMATION

Parent/Guardian Name (s):		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Mthly Mort/Rent:\$	<input type="checkbox"/> Male <input type="checkbox"/> Female
Camper Name (s):		

FAMILY INFORMATION

PLEASE LIST BELOW ALL FAMILY MEMBERS THAT LIVE IN THE HOUSEHOLD INCLUDING NON-RELATED INDIVIDUALS

Name	Birth date	Relationship to You	Gender
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female

FINANCIAL INFORMATION

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

Income Source	Monthly \$ Amount	Expected Changes (If Any)	Proof of Income Attached
Wages, Tips, Other	\$		<input type="checkbox"/> 1040, W-2's, 2 Pay Stubs



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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	\$		<input type="checkbox"/> Proof of other Income
Total Monthly Income	\$		All Required Documents Attached

I am currently receiving / applied for County Assistance? **Y / N**
 I am currently receiving / applied for Medical Assistance? **Y / N**
 I am currently receiving / applied for Food Stamps / Stipend? **Y / N**
 I am currently receiving / applied for Assistance from an Agency? **Y / N**

Include benefit statement with proof of income.

If yes, please list the specific County/State/Agency: _____

Case # _____

PARENT NARRATIVE

Please provide narrative to explain why the experience of attending wilderness camp would benefit your child.



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Today's Date: _____

CAMPER NARRATIVE

Please have the wilderness camper explain why they would like to attend camp.

FUNDRAISING / VOLUNTEER INFORMATION

Each year, both associations of the Y 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 camper write a thank you note describing what the camp experience has meant to them.

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

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

SUMMARY QUESTIONS - SIGNATURE

What is the maximum family contribution you can make toward your child's camp experience?
\$_____ Per Session

Are there extenuating circumstances you feel we should know as we review your application for personal pricing?

How is the camper helping contribute to the cost of their Menogyn experience?



Personal Pricing Plan – Wilderness Camp

Today's Date: _____

Personal Pricing Plan participants who default on payment schedule will forfeit participation in current and future camp, 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 camp policies.

Signature of Applicant: X _____

Date: _____