



**YMCA of Greater St. Paul**  
**YMCA of Metropolitan Minneapolis**

## **Program 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.

The Y 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 accompanying registration form, deposit, and/or registration fee. 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 weeks of receipt, unless extenuating circumstances apply. It is important that income from all adults residing in the household is included with the application. If you have any questions, please call the Y Customer Service Center at 612 230 9622.

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 Instruction Checklist**

- Complete all sections of the application

Applicant Information  
Family Information  
Financial Information  
County / Third Party Agency Assistance  
Parent Narrative / Special Situations  
Program 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 **deposit and/or registration fee**. This is required for all program 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**

All other branch programs may be turned in to your local Y branch.

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

## Personal Pricing Plan Y programs

Today's Date: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name:		
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

### FAMILY INFORMATION

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

Name - Adults & Children	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
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female

### FINANCIAL INFORMATION

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

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

## Personal Pricing Plan Y programs

Today's Date: \_\_\_\_\_

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
Total Annual 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-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  
Y programs**

Today's Date: \_\_\_\_\_

**PROGRAM INFORMATION**

Please check all that apply for assistance up to a maximum of **50% of Program Costs**. Deposit/Registration Fees are required for most programs. Refer to registration form for additional information. There are exceptions and limitations for some program areas. Please call Customer Service at 612 230 9622 for details. Personal Pricing will not be completed without registration form and deposit/registration fees required.

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Youth, Teen, Family |
| <input type="checkbox"/> Day Camp  | <input type="checkbox"/> Aquatics     | <input type="checkbox"/> Summer Programs     |

**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 child write a thank you note describing what the program experience has meant to them.

**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**

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

\$ \_\_\_\_\_ Per Week

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: X** \_\_\_\_\_

**Date:** \_\_\_\_\_