

**YMCA of the Greater Twin Cities  
Wilderness Camp Personal Pricing Plan/Campership Application**



Camp Menogyn (P) 612 822 2267 (F) 612 823 2482  
 Camp Widjiwagan (P) 651 645 6605 (F) 612 223 6322

**Please Indicate What Camp You Would Like Personal Pricing For:**

Camp Menogyn \_\_\_\_\_ Camp Widjiwagan \_\_\_\_\_

Is this your first trip to the camp you indicated above? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how many years have you attended the camp you indicated above? \_\_\_\_\_

Have you submitted a registration form for camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like your camper registered prior to your application being processed? Yes \_\_\_\_\_ No \_\_\_\_\_

*If Yes: Please note you will be billed for the full camp fees until this application is processed.*

*If No: Space may be limited for the selected camp.*

**Camper Information (please print)**

Camper Legal Name \_\_\_\_\_

Camper Preferred Name \_\_\_\_\_

Camper Gender \_\_\_\_\_

Camper Birthdate \_\_\_\_\_

Camper Address \_\_\_\_\_

Is the camper currently employed? \_\_\_\_\_

How many hours per week? \_\_\_\_\_

Position \_\_\_\_\_

Length of Employment \_\_\_\_\_

Does the camper income contribute to household needs? If so, how much per month? \_\_\_\_\_

**Trip Details-** (Please check the type of session you are applying for)

Canoe \_\_\_\_\_ Backpack \_\_\_\_\_ Rock Climbing \_\_\_\_\_ Combo \_\_\_\_\_

Session Name \_\_\_\_\_ Session Fee \$ \_\_\_\_\_

Session Date \_\_\_\_\_ Transportation Fee \$ \_\_\_\_\_

Total Trip Fees \$ \_\_\_\_\_

**Earn Camp Credits**

Camp Widjiwagan offers a way to help campers earn credit towards their trip. Campers near the Twin Cities can earn up to \$117 per day, \$351 maximum. Each spring we have 3 work weekends at Camp St. Croix, located in Hudson, WI. Transportation is available. Campers that live outside of the Twin Cities can volunteer in their community and earn up to \$351. Volunteer hours will be awarded in 8 hour increments each worth \$117. Volunteering at multiple organizations is allowed/recommended. 24 hours maximum, 8 hour minimum.

Would the camper be able to attend YMCA sponsored work weekends? \_\_\_\_\_

If yes, what is the total amount of work credits you will earn? \$ \_\_\_\_\_

What is the maximum family contribution towards your campers wilderness trip? \$ \_\_\_\_\_

What is the maximum camper contribution towards their wilderness trip? \$ \_\_\_\_\_

Total amount of camper funds requested \$ \_\_\_\_\_

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**Parent/Guardian Information (please print)**

Name of Adult #1 Applicant		Birthdate	Gender
Street Address of Adult #1 Applicant		City	State Zip
Home Phone of Adult #1 Applicant	Adult #1 Cell Phone	Adult #1 Email Address	
Name of Adult #2 Applicant		Birthdate	Gender
Street Address of Adult #2 Applicant		City	State Zip
Home Phone of Adult #2 Applicant	Adult #2 Cell Phone	Adult #2 Email Address	

**Dependent Information- Dependents listed on your tax return, include the camper (please print)**

Dependent #1 Name	Birthdate	Gender
Dependent #2 Name	Birthdate	Gender
Dependent #3 Name	Birthdate	Gender
Dependent #4 Name	Birthdate	Gender
Dependent #5 Name	Birthdate	Gender

**Household Total Yearly Income & Financial Support**

Please indicate the type and amount of income for all adult members of the household and provide documentation  
 Did you file taxes in the previous year? Yes \_\_\_\_\_ No \_\_\_\_\_ (This information will not be shared with anyone.)

Adult(s)	Amount(s) per Adult	Adult(s)	Amount(s) per Adult
1 2		1 2	
<input type="radio"/> <input type="radio"/> Alimony/Child Support		<input type="radio"/> <input type="radio"/> Rental Income	
<input type="radio"/> <input type="radio"/> S.S./Pension/Retirement Income		<input type="radio"/> <input type="radio"/> Student Loans/Stipends, Work Study	
<input type="radio"/> <input type="radio"/> Government/Housing Assistance		<input type="radio"/> <input type="radio"/> Military/Government/Veterans Benefits	
<input type="radio"/> <input type="radio"/> Food Support		<input type="radio"/> <input type="radio"/> Dividend/Interest	
<input type="radio"/> <input type="radio"/> Unemployment Compensation		<input type="radio"/> <input type="radio"/> Family Support	
<input type="radio"/> <input type="radio"/> Other		<input type="radio"/> <input type="radio"/> Wages	
<b>TOTAL</b>		<b>TOTAL</b>	

**TOTAL YEARLY GROSS INCOME & FINANCIAL SUPPORT** \$ \_\_\_\_\_

*\* Military and Government employees are required to submit their Leave and Earnings Statements*

Does the above information accurately reflect your yearly Income for the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Please share your reason for needing financial assistance. (Attach additional pages if needed)

Are there any additional circumstances that we should be aware of and take into consideration? Please include unusual expenses or debts that affect your monthly budget as well as any financial changes that may have happened over the last two years. (Attach additional pages if needed)

Would you like information on payment plans? Yes \_\_\_ No \_\_\_

Each year, the YMCA of the Greater Twin Cities raises funds through the Annual Giving Campaign. Without the support of donors, the personal pricing scholarship program would not be possible. One of the most valuable ways we keep donors committed is to say "thank you!" Our donor have said time and time again that receiving a thank you note from a recipient of a personal pricing scholarship is the most meaningful form of thanks they can receive. We encourage you and your child(ren) to write a thank you note describing what the program experience has meant to your family.

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

Yes, please contact me

No, not at this time

Payments must be made on/or before the due date listed on the registration form. By signing below, I affirm that the above provided information is accurate, truthful, and comprehensive.

Signature of Parent/Guardian #1: X \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Parent/Guardian #2: X \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
(If Applicable)

FOR OFFICE USE ONLY		Exception: Yes (attach doc) ___ No ___
Adjusted Gross Income: \$ _____	Approved %: ___ / ___ / ___	Expiration Date: _____
Family Size Total: _____	Approval Date: _____	Approved By: _____

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**INCOME & FINANCIAL SUPPORT VERIFICATION DOCUMENTATION** [if income taxes were not filed]

For any sources of income not demonstrated on your federal 1040, or in the event you are not legally required to file taxes and have secured the appropriate proof of your status, please provide a minimum of 2 forms of income verification.

- 1 Social Security Income (SSI) or Social Security Disability Income (SSDI)
- 2 Government Assistance Statement (re: food stamps, grants, loans, cash allowances, rental assistance, childcare assistance)
- 3 Most recent Leave and Earnings Statement are required for all Military and Government employees
- 4 Unemployment Statement
- 5 Letter of Termination from employer
- 6 Pay Stubs for each working adult (covering 4 consecutive weeks)
- 7 Self Employed: 1040 Schedule C worksheet or quarterly income statement
- 8 MN Care or Medical Assistance (MA) letter stating who is eligible or covered (a copy of the card is not acceptable documentation)
- 9 Pensions or Retirement
- 10 Child Support Income & Alimony Payments
- 11 Bank Statements that show income (minimum of 3 consecutive months)
- 12 Letter of Financial Statement from an organization that has knowledge of the applicant's financial support status, household size, and situation. This must be on letterhead and cannot be a relative, friend, or a YMCA staff person. This is not required unless needed for a second verification)
- 13 Students: work study income, student loan living expense portion, loan disbursement letter

**PLEASE NOTE:** If there is no current income verification, zero income, negative income, or lack of approved documentation of income, a Personal Pricing award cannot be processed.

**PROOF OF DEPENDENT(S)** [if not listed on your 1040 tax return]

Provide a minimum of 1 document of dependency verification if child is not included on the federal 1040 tax form

- 1 Free School Lunch Program Letter
- 2 Social Security Income (SSI) or Social Security Disability Income (SSDI): benefit will be addressed to parent, but child's name will be listed on the same document
- 3 Professional Letter from Landlord
- 4 Government Assistance Documentation listing household size
- 5 MN Care or Medical Assistance documentation or letter stating who is eligible or insured with the same address listed as parent or guardians  
(a copy of the card is not acceptable documentation)
- 6 If Renting/Leasing children's name is listed on lease as living in the household
- 7 Child Support Statement showing how much they are paying out, receiving, or showing 50% custody - if the children are not claimed as dependents when filing taxes each year
- 8 Report Card from School with parent or guardian's name present
- 9 Transfer of Parental Rights notarized or legal documentation
- 10 Custody Agreement legal documentation or a signed document on letterhead from a mediator
- 11 Adopted or Foster Children documentation (foster child GA income should be included in total income)
- 12 Letter from a Guardian Ad Litem working with the family

**DOCUMENTATION RESOURCES**

- 1 Social Security Office at (800) 722-1213 or TTY (800) 325-0778 or [www.ssa.gov](http://www.ssa.gov)
- 2 <http://unemploymentmn.com/> Member can log on and get most current documentation
- 3 [www.irs.gov](http://www.irs.gov) or (800) 829-1040 for PDF of official taxes. Handwritten taxes will not be accepted
- 4 <http://www.guardianadlitem.org/index1.asp> for custody information
- 5 <https://www.ebtedge.com/gov/portal/CardholderLogon.do> Showing food benefit authorization amount