



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Personal Pricing Plan for Membership**

Thank you for your interest in the Red Wing Family YMCA. It is the policy of the Red Wing YMCA to provide services to any person who desires to participate, regardless of their ability to pay the standard fee. These funds are made available through contributions to the YMCA from a variety of sources.

Personal Pricing Plan eligibility will be determined based on a thorough review of the application, and, if necessary, a personal interview with the applicant. Subsidies will be granted to the extent funds are available.

The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement. Therefore, applicants are asked to pay a portion of the fee for the requested service. Payment plans can be set up.

## **ALL APPLICATION RECORDS WILL BE KEPT CONFIDENTIAL**

### **Application Procedures:**

#### ***PROOF OF HOUSEHOLD INCOME MUST ACCOMPANY ALL APPLICATIONS:***

- 1.) Last pay stub AND
- 2.) Last year's tax return AND
- 3.) If you receive assistance from Goodhue or Pierce County those documents can be submitted stating how much you are paid monthly.

Applicants have an opportunity to provide information on any extraordinary expenses and/or situations which may pertain to their eligibility for financial assistance.

Please complete the membership form and financial assistance form. A financial assistance form must be submitted every six (6) months.

Please allow up to two or three weeks for processing. If you have any questions, please contact the YMCA at 651-388-4724.

**Red Wing Family YMCA 434 Main Street Red Wing, MN 55066**  
**Phone: 651-388-4724 Fax: 651-388-5340**  
**Website: [www.redwingymca.org](http://www.redwingymca.org)**

**YMCA Mission:** To enhance the quality of life for individuals and the community through programs that build healthy spirit, mind and body.

Return to: Red Wing Family YMCA  
434 Main St.  
Red Wing, MN 55066

**NEW**  
 **RENEWAL**

## RED WING FAMILY YMCA

### Personal Pricing Plan

Name of Person to receive assistance \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name if child is under 18 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

What will the financial assistance be used for? \_\_\_\_\_ Membership or Program \_\_\_\_\_

Proof of income attached – must have last year's taxes & paystub, assistance letter, or unemployment letter.

### PERSONAL INFORMATION

Number of Adults in the home \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Employer \_\_\_\_\_

Monthly Gross Income \_\_\_\_\_ 2<sup>nd</sup> Adult's Monthly Gross Income \_\_\_\_\_

Please share your reason for needing financial assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The amount you feel you can afford for this membership or program

\_\_\_\_\_

(In general, the YMCA may provide financial assistance for up to 1/2 of the membership fee.)

**Terms:** These payments must be made starting at the time of joining and each month consecutively thereafter until the membership or program is paid in full. Any time a payment is missed, the YMCA has the right to terminate the membership or program participation. Membership payments are due on the first of the month. The first month will be prorated according to the join date.

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### Office Use Only

Date \_\_\_\_\_

Annual Cost of Membership or Program: \_\_\_\_\_ Total Scholarship Given: \_\_\_\_\_

Monthly Cost of Membership: \_\_\_\_\_ Monthly Scholarship Amount Given: \_\_\_\_\_

Total Monthly Amount Due by Applicant: \_\_\_\_\_