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[www.mankatoywca.org](http://www.mankatoywca.org)

## **Girls on the Run/Girls on Track of Greater Mankato Sliding Fee Program Policies and Application**

### **Eligibility:**

- Anyone is eligible to apply for the YWCA Girls on the Run Sliding Fee Program
- Program fees are determined based on household income

### **What Personal information we request:**

- Names, employer, and income for all working household members
- Total household income
- Most recent pay stub for all working household members

### **Sliding Fee Awards are based directly on household income. Household income is determined by the following:**

- Data supplied by the applicant on the YWCA Sliding Fee Application Form.
- Total income includes public assistance, child support, disability insurance payments, alimony, veteran's benefits, Social Security, interest, rent, etc...
- Most recent pay stub from all income earned by household members.
- Lump-sum payments can be pro-rated over 12 future months. Earned and unearned income will be handled in the same manner.

### **Payment Information:**

- Payment for the Girls on the Run of Greater Mankato program must be paid in full before a child is allowed to participate in the program.
- The total program fee is \$125.00 per season. This fee includes participation for one child in the 12 week (24 lesson) program and the end of season 5k event. Sliding Fee Assistance is based on household income. The minimum program fee is \$25.00.

List all working persons in your household:

Name (First & Last)	Income (monthly/yearly gross, and employer)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Name of GOTR/GOT participant \_\_\_\_\_ Program Site/School: \_\_\_\_\_

Household Income	
+ <b>Monthly Gross Income</b> for all household wages and salaries	
+ <b>Other Income:</b> Public assistance, child support, Social Security, alimony, etc...	
= <b>Total Income</b> of all household members	

**Attached are copies or proof of the following item:**

- Copy of all working household members most recent pay stub.

**Certification of Need or Extraordinary Circumstances:**

Please attach any additional information necessary for the YWCA to adequately equate your family's assistance needs.

*I have read and understand the YWCA Sliding Fee Program Policies. I have received a copy of the policy for my personal information. I certify that the above and attached information is true and complete to the best of my knowledge.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Please send completed forms and requested documents to: Attention Sheri Sander, YWCA of Mankato, 209 S. 2<sup>nd</sup> St. Suite #314 or fax to 507-345-4630.*

- Office use only:**
- APPROVED FOR** \_\_\_\_\_
  - DOES NOT MEET REQUIREMENTS**