ROAD MAP

Navigate Your Route

TEST DRIVE®

NEXT STOP REALITY

FUELED BY ROYAL CREDIT UNION FOUNDATION

Name______________________________ **Teacher**______________________________

VISIT ALL STOPS ON THIS PAGE BEFORE MOVING ON

Savings & Investments	**Savings Contribution** (**Required:** $50 minimum) $ $50 (Minimum) + $______ (Additional) = $______ (Total Savings Contribution) **Employee Investment Contribution** (**Optional**) $______ (Employee Contribution)	**Savings & Investments Contributions:** $______	Stamp Required
Student Loans	**Student Loan Balance** $______ ☐ 12-Year Repayment Plan ☐ Alternate Repayment Plan	**Student Loan Payment:** $______	Stamp Required
Housing	**Rental** ☐ Rental #1 ☐ Rental #2 ☐ Rental #3 Renters: If you are single and choose to have a roommate, pay half the cost. **Purchase** ☐ Home #1 ☐ Home #2 ☐ Home #3 ☐ Home #4	**Housing Payment:** $______	Stamp Required
Transportation	**Your Vehicle** New / Used (Circle One) Auto #____ $______ **Your Spouse's Vehicle** New / Used / Public (Circle One) Auto #____ $______	**Transportation Payment:** $______	Stamp Required
Child Care	Visit this station even if you do not have a child. **Daycare:** $______ + ☐ Child Care Center ☐ In-Home **Diapers:** $______ + ☐ Disposable ☐ Cloth **Feeding:** $______ ☐ Formula ☐ Breast Fed	**Child Care Expenses:** $______	Stamp Required

STOP!

VISIT CHECK POINT BEFORE MAKING ANY OTHER STOPS

Check Point	☐ I visited the first five stations ☐ My transactions are recorded & calculated properly ☐ I have money remaining	Stamp Required

VISIT THE REMAINING STATIONS IN ANY ORDER

Food & Household Goods	**Food** ☐ Option #1 ☐ Option #2 ☐ Option #3 ☐ Option #4 $_______ + **Household** ☐ Option #1 ☐ Option #2 ☐ Option #3 $_______	**Food & Household Expenses:** $_______	Stamp Required
Speed Bumps	**Spin twice.** Add unexpected income to your total; subtract unexpected expenses. **Spin #1** Description: _______ + / - $_____ **Spin #2** Description: _______ + / - $_____	**Speed Bumps Net Total:** $_______	Stamp Required
Personal Care	**You** ☐ Option #1 ☐ Option #2 ☐ Option #3 $_______ + **Your Spouse** ☐ Option #1 ☐ Option #2 ☐ Option #3 $_______	**Personal Care Expenses:** $_______	Stamp Required
Convenience Store	**You** Fuel: $______ Dice Roll: _____ x $3.00 = $_____ **Your Spouse** Fuel: $______ Dice Roll: _____ x $3.00 = $_____	**Convenience Store Expenses:** $_______	Stamp Required

Home Insurance	**Renters** ☐ Rental #1 ☐ Rental #2 ☐ Rental #3 **Homeowners** ☐ Home #1 ☐ Home #2 ☐ Home #3 ☐ Home #4	**Home Insurance Payment:** $________	Stamp Required
Auto Insurance	**Your Vehicle** New / Used Auto #_____ $________ (Circle One) **Your Spouse's Vehicle** New / Used Auto #_____ $________ (Circle One) No auto insurance needed if you chose public transportation.	**Auto Insurance Payment:** $________	Stamp Required
Health Insurance	**Medical** (Required) ☐ Employee ☐ Employee + Child ☐ Employee + Spouse ☐ Family HDHP / LDHP or CoPay $______ (Circle One) **Dental** (Optional) ☐ Employee ☐ Family $______ **Vision** (Optional) ☐ Employee ☐ Employee + 1 ☐ Family $______	**Health Insurance Payment:** $________	Stamp Required
Utilities	**Renters** ☐ Rental #1 ☐ Rental #2 ☐ Rental #3 **Renters:** If you are single and choose to have a roommate, pay half the cost of utilities. **Homeowners** ☐ Home #1 ☐ Home #2 ☐ Home #3 ☐ Home #4	**Utility Expenses:** $________	Stamp Required

Technology

Cell Phone

You: $________

Your Spouse: $________

TV & Internet

- [ ] Internet Only: $________
- [ ] Internet + TV: $________
- [ ] Internet + Streaming: $________

Technology Expenses:

$__________

Stamp Required

Clothing

You

$______ + $______ + $______ = $______

Your Spouse

$______ + $______ + $______ = $______

Your Child

$______ + $______ + $______ = $______

Clothing Expenses:

$__________

Stamp Required

Entertainment

You must choose **two** entertainment options.

- [ ] Option #1
- [ ] Option #2
- [ ] Option #3
- [ ] Option #4
- [ ] Option #5
- [ ] Option #6
- [ ] Option #7
- [ ] Option #8

$__________ + $__________

Entertainment Expenses:

$__________

Stamp Required

Pet Care

You must visit Pet Care to review costs.
Owning a pet is optional.

- [ ] Dog $________
- [ ] Cat $________
- [ ] Rabbit $________
- [ ] Guinea Pig $________
- [ ] Lizard $________
- [ ] Bird $________
- [ ] Goldfish $________
- [ ] No Pets

Pet Care Expenses:

$__________

Stamp Required

Charitable Giving	☐ **Community Foundation** _______ hours and/or $_______ ☐ **Local Food Shelf** _______ hours and/or $_______ ☐ **Local Animal Shelter** _______ hours and/or $_______ ☐ **Other Non-Profit** _______ hours and/or $_______	**Total Amount Donated:** $___________	Stamp Required

ONLY VISIT THE JOB CENTER IF YOU RUN OUT OF MONEY

Job Center	☐ **Opening #1 -** Hotel Front Desk Clerk ☐ **Opening #2 -** Accounting Clerk ☐ **Opening #3 -** Convenience Store Clerk ☐ **Opening #4 -** Fast Food Crew Member ☐ **Opening #5 -** Instacart/DoorDash	**Extra Income:** $___________	Stamp Required

POLICE ENCOUNTERS: You must immediately record the ticket amount on your transaction log, add or subtract it from your account balance, and have this section stamped by the police officer.

	Description	Penalty/Reward	Stamp Req.
Police Encounter		$_________	Stamp Required
		$_________	Stamp Required

CHANGE OF MIND DECISIONS: Effective money management includes recognizing when a financial decision isn't working for you or your family. Make adjustments as needed to stay within your monthly income — such as choosing a different car, meal plan, or housing option.

RETURN TO THE CHECK POINT STATION TO MAKE ADJUSTMENTS

	Description	Refund Amount	Stamp Req.
Change of Mind Decisions		$________	Stamp Required
		$________	Stamp Required
		$________	Stamp Required

ALMOST THERE! CHECK OFF THE BOXES BELOW BEFORE HEADING TO CHECK OUT

☐ **I have an account balance between $0-$200**

If you have more than $200 left in your checking account, decide how you would like to better allocate your money using the options below.

Savings:	$__________	**Investments:**	$__________
Charity:	$__________	**Student Loans:**	$__________
Credit Card:	$__________	**Other:**	$__________

☐ **I have visited all booths and received stamps for each**

☐ **All my police encounter tickets have been paid**

4 Credit Tips

PRESENTED BY: experian.

PAY YOUR BILLS ON TIME

- Payment history is the most important factor in your credit score
- Always make your payments on time

BUILDING CREDIT TAKES TIME

- Build credit by borrowing money and paying it back on time
- Poor credit can be improved by taking the right steps

WATCH YOUR UTLIZATION

- Utilize no more than 30% of your credit card limits
- Don't use credit to live beyond your means - pay the balance in full if you can

CHECK YOUR CREDIT REPORT

- Check your credit report regularly to ensure the information is accurate and to spot signs of fraud
- Request a free copy of your report at **www.annualcreditreport.com**

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