



## MLAC HARDSHIP ASSISTANCE REQUEST

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Parent's Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Team name: \_\_\_\_\_

Player: Describe below a brief history of your involvement in hockey. How long have you played, your future hockey plans, where did you play in previous years, etc.

Parents: Briefly describe the circumstances surrounding this financial hardship application. For example: job loss, disability, marriage breakdown, etc.

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Two references: Those can include food bank, parish priest or minister, social worker, etc.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

We require a photocopy of your most current Canada Revenue Agency Notice Assessment with this application. I certify that the information provide is true. I understand that if any of these statements are found to be inaccurate, this application will be rejected.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sent complete form to [vp@mlac.net](mailto:vp@mlac.net)

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