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**Onoway Minor Hockey**

**Financial Assistance**

**Application Form and Guidelines**

**Closing Date for Applications: September 30**

**Onoway Minor Hockey Financial Assistance: Confidential**

**Onoway Minor Hockey Financial Assistance Application Form**

**Please read the guidelines for Applicants carefully before completing this form.**

The form should be completed using **black ink**. It should reach the OMHA president by September 30.

**Please use BLOCK CAPITALS**

**Section 1 - Personal details**

Title (Miss, Mr., Mrs., Ms)

Surname/Family Name First/Given Name(s)

Date of Birth

Player’s Name(s)

Correspondence Address

City: Post Code

Telephone Number (Home) (Cell)

E-Mail Address

Reason for requesting assistance:

Are you willing to work extra concession shifts? Yes No (circle)

Are you willing to do other volunteer work to help cover your fees? Yes No (circle)

Have you applied through Kid Sport or any other association for support for fees? Yes No (circle)

Please indicate where you have applied and contact name:

**Section 2** – Financial Information

Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses:

Mortgage/Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Power \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water \_\_\_\_\_\_\_\_\_\_\_\_\_ (If more room is required please attach)

Heat \_\_\_\_\_ \_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_

Groceries.\_\_\_\_\_ \_\_\_\_\_\_

Other (please list)

Total Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You will be required to provide proof of expenses along with bank statements. These will be held in strict confidence. Please attach income validation and expense receipts.**

**Section 3** - Personal statement

Using the space provided, give reasons why you believe you should be considered for Financial Assistance from Onoway Minor Hockey. It has been completed by (give name):

I understand that the information I have provided will remain confidential to the OMHA President, Treasurer and Registrar. I confirm that the information I have provided is accurate, and understand that the provision of false information may lead to the withdrawal of application.

**Signature Date**