



CMHA Hockey Fund

Application Form

Revised April 2022

MANDATE

To provide financially disadvantaged players within CMHA the opportunity to participate in sports & recreational activities.

FUNDING Eligibility – Chilliwack Minor Hockey Association

- * Ages 4 – 18 years (U6 to U18).
- * Funding covers only registration fees with consideration to fund equipment costs on a case-by-case basis.
- * Rep fees will not be covered through the CMHA hockey fund.
- * Funding goes to individuals not teams.
- * If requesting funding for more than one child, a separate form must be filled out per child.
- * Full registration subsidy is not guaranteed and depends on the number of applicants and available funds per season.
- * Funding is only available for players who don't apply to 3rd party funding companies such as KidSport, JumpStart and Lace' em up and Athletics for Kids.
 - * The Hockey fund can't be used with other funding from 3rd party funding companies as per above
 - * All players are required to register on Ramp by May 31st
 - \$150 Deposit paid by May 31st
 - Payment plan set up in Ramp by July 15th

Applications Accepted: May 1st to July 15th

GUARANTOR

An objective third party, who is familiar with the athlete's family and is in a professional position to assess the social and economic barriers facing the family. An adjudicator can be a professional in social work or family services, a school principal or counsellor, a senior recreation administrator, accountant, law enforcement officer, or a registered physician. Family members, coaches, registrars or directors of clubs/leagues are not accepted as guarantors.

SUBMISSION OPTIONS

1. Submit Application Form by email: treasurer@chilliwackminorhockey.com

SUBMISSION DEADLINES

Application submissions are accepted no later than July 15th. Applications will be reviewed July 16-31 and decisions will be made early August and will be confirmed by email.

Due to the potentially large amount of funding needed no applications will be accepted after July 15th (No exceptions)

For more information contact

CMHA Treasurer

604-302-6321

treasurer@chilliwackminorhockey.com

APPLICATION FORM

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SECTION 1: ATHLETE INFORMATION

Name: _____ First Time Applicant: Y/N

Birth Date (dd/mm/yy): / / Gender: Age: _____

Address: _____

City: _____ Province: British Columbia Postal Code: _____

Tel: () Email: _____

SECTION 2: REQUEST FOR FUNDING

I would like to request funding from CMHA for:

Registration Fees: \$ _____

Other – Please provide details: \$ _____

Has the applicant requested or received funding from JumpStart, KidSport or Athletics for kids during this calendar year?

Jump Start date applied (dd/mm/yy): _____ Requested Subsidy: \$ _____

KidSport date applied (dd/mm/yy): _____ Requested Subsidy: \$ _____

Athletics for Kids date applied (dd/mm/yy): _____ Requested Subsidy: \$ _____

Please provide names of other siblings if requesting funding for more than one child:

SECTION 3: GUARANTOR

Please review application guidelines for information regarding guarantors

Please indicate relationship to applicant: _____

Name: _____

Position: _____ Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () Email: _____

I certify my submission of the above child/youth, identify economic barriers exist to participate in the activity or program and verify that all the information given is correct and can be substantiated.

Signature: _____

Date: _____

PLEASE RETURN FORM:

By Email: Treasurer@chilliwackminorhockey.com

FOR OFFICE USE ONLY

Application Received (dd/mm/yy) _____ Application Complete: (Y/N): _____ Accepted: (Y/N) _____

First Time Funding: (Y/N) _____ Amount: \$ _____ Allocation Month: _____

Date confirmed funding: _____

Chilliwack Minor Hockey Association respects the confidentiality of all applicants .

