



CMHA Hockey Fund

Application Form

Revised April 2024

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 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.
- * All players are required to register on Ramp by July 31st
- * \$150 deposit due July 31st
- * The Payment plan option during registration must be selected by July 31st or fees paid in full in order to be considered. If your application is approved, you will be refunded for any fees paid up to the approved funding amount.
- * *The Hockey Fund can be used with other 3rd party funding, provided grants are used in full first, and any excess funds received that go above and beyond the cost of registration are returned to the Association*

Applications Accepted: June 1st to July 31st

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 31st. Applications will be reviewed in August and decisions will be made by early September or sooner and will be confirmed by email.

Due to the potentially large amount of funding needed no applications will be accepted after July 31st (No exceptions)

For more information contact

CMHA Treasurer

604-302-6321

treasurer@chilliwackminorhockey.com

APPLICATION FORM

Revised April 2021

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: \$ _____

Hockey Canada Assist Fund (dd/mm/yy): Requested Subsidy \$ _____

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.

Guarantor 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.

