



# 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 31<sup>st</sup>
- \* \$150 deposit due July 31<sup>st</sup>
- \* The Payment plan option during registration must be selected by July 31<sup>st</sup> 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 3<sup>rd</sup> 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 1<sup>st</sup> to July 31<sup>st</sup>**

### 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](mailto:treasurer@chilliwackminorhockey.com)

### SUBMISSION DEADLINES

Application submissions are accepted no later than July 31<sup>st</sup>. 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 31<sup>st</sup> (No exceptions)**

### For more information contact

CMHA Treasurer

604-302-6321

[treasurer@chilliwackminorhockey.com](mailto: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: \$ \_\_\_\_\_

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.**

