



COCHRANE MINOR HOCKEY ASSOCIATION

Financial Assistance Program

(Please note that CMHA Financial assistance will be considered in conjunction with, and with the same prerequisites, as Kidsport and Jumpstart applications)

APPLICANT INFORMATION:

PLAYER: _____ M/F Age: _____ Birthdate: _____

PARENT/GUARDIAN: _____

Address: _____

Email: _____ Phone: _____

PROGRAM COST: _____

AMOUNT REQUESTED FOR ASSISTANCE: _____

Supporting Financial Documents Attached: Yes / No (circle)

ADMINISTRATOR SIGNATURE: _____ DATE: _____

AMOUNT APPROVED FOR ASSISTANCE: _____

EXECUTIVE SIGNATURE: _____ Date: _____

- CMHA respects the confidentiality of all applicants.