



Dawson Creek Minor Hockey Association

www.dcmha.ca

DARYL BECOTTE FUND PLAYER ASSISTANCE PROGRAM APPLICATION

The information submitted with this application will be maintained in the strictest confidence and used solely by the application committee. The Player Assistance Committee may, by written request, require further verification of the financial need not included on the application.

The purpose of this fund is to provide required financial support for:

New or returning players to the sport of hockey whose family otherwise may not have the financial resources to afford ancillary costs, such as tournament expenses, Rep fees or other fees associated with participation in DCMHA, and would not be able to participate in hockey for the season. Only one application per player per season may be submitted. Funding is not for registration fees.

Eligibility:

Players must be between 4 and 17 years of age.

Criteria:

- Players must reside within the boundaries of Dawson Creek Minor Hockey Association borders (as defined by BC Hockey)
- The family must demonstrate a clear financial need.
- All other avenues of financial assistance must be exhausted
- Camp, travel to playoffs, championships etc. are not eligible expenses
- No application will be considered unless all required documentation is received in full
- Applications are only accepted for players who are registered in the season the funding is required for.
- Additional circumstances may be taken into consideration
- Funding applications may be taken into consideration if reimbursements occur at the end of the season.
- As DCMHA is a non-profit organization relying greatly on the volunteer efforts of its membership, consideration will be given to participation in fundraising and volunteering if applicant has previously be registered with DCMHA.
- Incomplete applications will not be accepted.
- Number of applications approved will be subject to available funds.
- The DCMHA Board reserves the right to adjudicate individual claims on merit and special circumstances.

Mother's (Guardian) Name: _____ Email: _____

Home phone: _____ Work phone: _____ Cell: _____

Father's (Guardian) Name: _____ Email: _____

Home phone: _____ Work phone: _____ Cell: _____

Address: _____ Postal Code: _____

Custodial Parent: _____

Name of the Player: _____ Birthdate: _____

Number of additional children living in household: _____

Names	Ages
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mother's Place of Employment: _____

Father's Place of Employment: _____

Mother's Gross Income: _____ Father's Gross Income: _____

Any other sources of income ie: Child Support etc. _____

Do you rent or own your home: Own Rent

Monthly Household Expenses:

Mortgage/Rent: _____ Utilities: _____

Telephone: _____ Cable: _____

Vehicle Payments: _____ Other: _____

Other: _____ Other: _____

Do you own any vehicles? If yes what year and make:

Has your child played in Dawson Creek Minor Hockey in previous seasons: Yes No

Have you accessed this fund previously: Yes No

If yes, in which years: _____

What fundraising activities for DCMHA have you participated in: _____

What other sources of funding have you applied for?

Do you have any special circumstances that need to be considered?

IF DAWSON CREEK MINOR HOCKEY SUPPLIES YOUR CHILD WITH EQUIPMENT IT IS WITH THE UNDERSTANDING THAT IT WILL BE RETURNED TO THE ASSOCIATION AT THE END OF THE SEASON IN REASONABLE CONDITION. ACCEPTANCE BY THE RYAN ROWE FUND ONLY COVERS REGISTRATION FEES. YOU AND YOUR CHILD WILL BE RESPONSIBLE FOR EXTRA FEES TO COVER TOURNAMENTS, TEAM PICTURES, REP FEES, AND OTHER COSTS ARISING DURING THE SEASON. ALL REGISTRATION FEES WILL BE PAID DIRECTLY TO THE ASSOCIATION.

By signing below you are acknowledging that the information you have provided is accurate and can be verified by the Selection Committee.

Signature of Mother (Custodial Parent)

Signature of Father (Custodial Parent)

Applications must be received by the DCMHA office no later than October 15th of each year.