



**DAWSON CREEK INOR HOCKEY ASSOCIATION
RYAN ROWE FUND
PLAYER ASSISTANCE PROGRAM APPLICATION**

The Ryan Rowe Fund is designed to support new or returning players who may not otherwise be able to participate in hockey due to financial barriers. This fund assists with basic registration fees and, when available, equipment.

Only one application per player per season is permitted. All information submitted will be treated confidentially and used only by the Player Assistance Committee. This fund can be applied for to cover the remaining amount that Jump Start or Kid Sport does not. Further documentation may be requested to verify financial need.

Eligibility & Criteria Requirements

- The player must be between 5 and 18 years old
- Must reside within DCMHA boundaries
- Must be registered in House, B, Select/MDL, or Rep
- Must demonstrate financial need
- Must have explored all other financial assistance options
- Application must include all required documentation
- Camps, playoff travel, or championships are not eligible expenses
- Incomplete applications will not be reviewed
- Funding availability is limited; decisions are based on merit and special circumstances

Custodial Parent(s)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
Mother/Guardian Name	
Home Phone	Work Phone:
Father/Guardian Name	
Home Phone	Work Phone:
Address	
Postal Code	

Player Information

Player Name	
Birthdate	
Other Children in Household:	

Name	Age

Employment & Income

Mother's Employer	Father's Employer
Gross Annual Income: \$	Gross Annual Income: \$
Do you Rent or Own your home?	<input type="checkbox"/> Rent <input type="checkbox"/> Own

Monthly Household Expenses

Expense	Amount (\$)
Mortgage/Rent	
Utilities	
Telephone	
Cable/Internet	
Vehicle Payments	
Other (Specify):	
Other (Specify):	

Assets

Do you own any vehicles? ☐ Yes ☐ No

If yes, list year and make:

Hockey History & Support

Has your child previously played with DCMHA? ☐ Yes ☐ No

If yes, list previous years: _____

What equipment, if there is any, can you provide for your child?

Other funding sources you have applied to:

1. _____
2. _____
3. _____

Special Circumstances

Please describe any special circumstances you would like the committee to consider (attach additional pages if needed):

Important Notes

- If DCMHA supplies your child with equipment, it must be returned in reasonable condition at the end of the season.
 - The Ryan Rowe Fund covers only registration fees and equipment.
 - Families are responsible for all other costs (e.g., tournaments, team pictures, rep fees, travel, etc.).
 - All registration fees will be paid directly to DCMHA.
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Consent & Acknowledgement

By signing below, I/we declare that the information provided is complete and accurate. I/we understand that the DCMHA Player Assistance Committee may verify the information provided.

☐ I confirm that I have applied for or exhausted other sources of financial assistance (e.g., KidSport, Jumpstart) before applying to this program.

Signature of Custodial Mother/Guardian

Signature of Custodial Father/Guardian

Application Deadline

Completed applications must be submitted to the DCMHA President president@dcmha.ca no later than October 15 of each year.

FOR DCMHA OFFICE USE ONLY:

Received By: _____

Date: _____

☐ Approved \$ _____

☐ Denied

Comments: _____
