



**PRIVATE AND CONFIDENTIAL**

**MDRA Financial Assistance Program Application Form**

All information provided on the form will be held in the strictest confidence.

Confidential Reference Number (MDRA use Only): \_\_\_\_\_

**Applicants Information: (Must be parent or legal guardian of minor child)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Marital Status: (Pease mark with an X):**

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Widow \_\_\_\_\_ Single \_\_\_\_\_ Common Law \_\_\_\_\_

**\*\*NOTE:** If Married all Financial Information must be for Both Spouses

**Spousal/Partner Information (required if married, divorced or separated)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Players Information ( Applicant is requesting Subsidy for):**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Level: \_\_\_\_\_

**Amount of Subsidization Requesting:** \$ \_\_\_\_\_ (\$250 max)

**Other Information:**

No. of children in Family: \_\_\_\_\_ No. of children in Ringette: \_\_\_\_\_

Level other children are playing at this season: \_\_\_\_\_

**Financial Information:**

Gross Annual Family Income:

Under \$25,000 \_\_\_\_\_  
\$25,000 - \$50,000 \_\_\_\_\_  
\$50,000 - \$75,000 \_\_\_\_\_  
\$75,000 - \$100,000 \_\_\_\_\_  
Over \$100,000 \_\_\_\_\_

If you own a property (primary residence) please provide the following:

Monthly mortgage payment: \_\_\_\_\_

Monthly expenses: \_\_\_\_\_

If you rent a property (primary residence) please provide the following:

Monthly rental payment: \_\_\_\_\_

Monthly expenses: \_\_\_\_\_

**Copies of the following documentation must be submitted for reference with the application to be considered for the MDRA Financial Assistance Program. If documentation is missing then the applicant will be contacted directly to submit the missing documentation by a specific date for the application to be considered. All copies of financial information will be returned to the applicant after acceptance or refusal of application:**

1. Monthly income from employer - copy of pay stub for a two month period of applicant and spouse/partner of those working in household
2. Revenue Canada Income Tax Notice of Assessment for the past two years

Briefly explain the reasons for the request:

Signature of Parent/Guardian: \_\_\_\_\_

**We reserve the right to reject any applications that are erroneous, fail to qualify or that we believe to be false.**

<b>MDRA USE ONLY</b>	
Date Received:	Received method:
Confirm receipt date sent:	Confidential #.:
Application Accepted:	Application Denied:
Confirm Application Status:	Applicant Notified Date:
Funds Distributed:	Date of Distribution of Funds:
Method of Distribution:	Confirmation Funds received: