

Nepean Girls Hockey Association Application for Financial Assistance

Through the NGHA's *Financial Assistance Policy*¹, financial assistance is available for NGHA players who would otherwise be unable to participate or whose families would suffer undue hardship as a result of the NGHA registration fee and other non-discretionary expenses. Need is the primary consideration in approving an application for assistance.

To be considered for assistance, this application **must be completed in full** and include a brief explanation as to why assistance is needed. Applicants must submit copies of the family's Canada Revenue Agency (CRA) Notice of Assessments as proof of family income. Applications will be held confidentially by the NGHA Treasurer and Finance Assistant.

When reviewing an application for financial assistance, the Treasurer will consider an applicant's efforts-to-date or intentions in pursuing other sources of financial assistance when providing recommendations to the Finance Committee on the application and level of financial support.

An interview with the NGHA Treasurer may be required.

Section A: Player Information

Player's Name:

Date of Birth:

Address:

Telephone Number(s):

Team Last Year:

Section B: Applicant Information

Applicant's Name (Parent/Guardian):

Applicant's Address:

(If different from Player's Address)

Telephone Number(s):

E-mail Address:

Section C: Parent Information

Parent 1 Name:

Telephone Number:

¹ <https://gowildcats.ca/wp-content/uploads/2021/08/Financial-Assistance-Policy-July-2021.pdf>

Parent 1 Address:
(If different from Section A)
E-mail Address:

Parent 2 Name:
Telephone Number:
Parent 2 Address:
(If different from Section A)
E-mail Address:

Section D

Parent 1 Gross Income:
Parent 2 Gross Income:

Number of children in family: Ages:
Number of children in hockey: Ages:

Is the player registered this season? **Yes/No**:

Section E

What types of financial assistance are you seeking (select all that apply):

- Payment of registration fees
- Payment of team fees
- Reimbursement of other non-discretionary hockey-related costs throughout the season

Are you able to pay a portion of registration and/or team fees? **Yes/No**. If Yes, please provide details:

Have you requested or do you intend to seek other sources of financial assistance (i.e. Jumpstart; Sponsorship). Yes/No. If Yes, please provide details:

Section F

Please explain in detail why assistance is needed for your child. Enclose a copy of the team budget if you have one.

Date: _____ Signature: _____