

# Nepean Girls Hockey Association

## Application for Financial Assistance

Through the NGHAs *Financial Assistance Policy*<sup>1</sup>, financial assistance is available for NGHAs players who would otherwise be unable to participate or whose families would suffer undue hardship as a result of the NGHAs registration and team fees. 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 Canada Revenue Agency (CRA) Notice of Assessments **for both Parents/Guardians** as proof of family income. Applications will be held confidentially by the NGHAs VP Finance.

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

An interview with the NGHAs VP Finance 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:

1. <https://cloud.rampinteractive.com/nepeangirlshockey/files/Resources/Financial-Assistance-Policy-July-2021.pdf>

### **Section C: Parent/Guardian Information**

Parent 1 Name:

Telephone Number:

Parent 1 Address:

(If different from Section A)

E-mail Address:

CRA NOA Attached: **Yes/No**

Parent 2 Name:

Telephone Number:

Parent 2 Address:

(If different from Section A)

E-mail Address:

CRA NOA Attached: **Yes/No**

### **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

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

**Section E (Cont'd)**

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: \_\_\_\_\_