



Athlete Assistance Application Form

Name of Athlete: _____ Date of Birth: ____/____/____
Month / day / year

Address: _____

City/Town: _____ Postal Code: _____

Phone: (____) _____ Email: _____

Program (select one or multiple as appropriate):

Saskatchewan Soccer Association - delivered Programming

- North American Indigenous Games
- Western Canada Summer Games Canada Summer Games
- Regional Excel Centre (REX)
- Centre of Goalkeeping Excellence (Location)

Saskatchewan Soccer Association - sanctioned Programming:

- High Performance Showcase League
- High Performance Training Centre (HPTC) or Dedicated Players Program (DPP)

(Provider/Location)

Please answer the following questions:

1. Number of adults in your household: _____
2. Number of children under 18 years of age in your household: _____
3. Number of children participating in the SSA programs: _____
4. Please check off one box below that best reflects the family(s) yearly gross income:

| | | | |
|-------------------|-------|-------------------|-------|
| Under \$35,000 | _____ | \$35,001-\$45,000 | _____ |
| \$45,001-\$55,000 | _____ | \$55,001-\$65,000 | _____ |
| \$65,001-\$75,000 | _____ | \$75,001-\$85,000 | _____ |
| \$85,001-\$99,000 | _____ | | |

Note:

- If a family has income providers from separate households contributing to program fees for an athlete then these incomes will be combined to determine funding available. They will not be considered as two separate applicants.
- **AAP funding is a finite annual pool of funding meant to support families in lower gross income situations.**
- **Please use fundraising opportunities within your organization where available to help with fees rather than AAP.**

5. Parent/Guardian 1 Name: _____

Name of Parent/Guardian 1 Employer: _____

Job Title / Position: _____

Parent/Guardian 2 Name: _____

Name of Parent/Guardian 2 Employer: _____

Job Title / Position: _____

6. Amount of assistance requested (*based on program fees, what help do you need?): \$ _____

***amount not guaranteed**

Amount of contribution able to provide (based on program fees): \$ _____

Total Program fees for this phase: \$ _____

7. Qualified Reference – Required (ie. Teacher/Clergy/Social Worker)

Name of Reference: _____

Reference's Profession: _____

Address: _____ City/Town: _____

Postal Code: _____ Current Phone #: (_____) _____

of yrs. reference has known athlete: _____

The AAP program serves those individuals and families who demonstrate a need for assistance. They are unable, not unwilling, to pay the full fee. As the reference, I verify that they would benefit from assistance.

Signature of Reference: _____ Date: _____

8. Please explain briefly your reasoning for applying for Athlete Assistance:

9. Attached is one or more of the following providing proof of income:

_____ Most recent Income Tax Statement (T4) – **Preferred**

_____ Most recent payroll stub and/or statement of EI or Workers Compensation

*applications will not be reviewed if financial information is not provided for proof of income from all contributing family members.

Athlete Signature

Date

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

Office use only:

Received by

Date