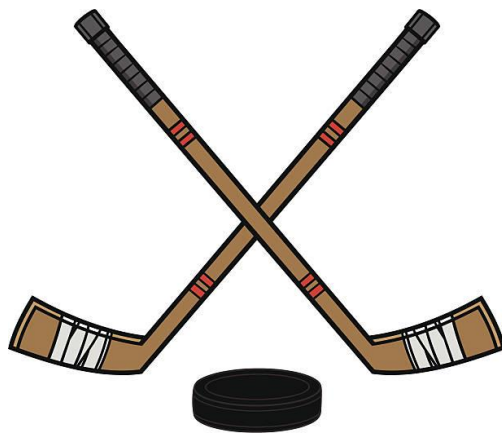


# **Smoky Lake Minor Hockey Association**

## **Player Financial Assistance Program**



**Smoky Lake Minor Hockey would like to acknowledge those that made financial contributions to our 2024/2025 Financial Assistance program:**

**The Kinette Club of Smoky Lake**



### **SLMH Player Financial Assistance Program**

In support of the pursuit of fun, fair play and fitness for local children, Smoky Lake Minor Hockey, with the support of local service groups, has created a program to sponsor families experiencing financial hardship by providing some funding for children to participate in the Smoky Lake Minor Hockey program.

**Information contained in this application is to be used strictly by SLMH to determine eligibility and level of financial assistance. Application details are kept secure and confidential.**

The SLMH executive, along with a member from each supporting member group, will review all applications received and a member of the committee will contact all successful recipients. By submitting an application, you are not guaranteed a subsidy. If subsidy is denied, you will still be responsible to pay your hockey fees in full. Hockey fees are due November 1, 2024. If this poses a barrier for any families, please contact SLMH executive for payment arrangement. Payment plan arrangements **MUST** be made prior to consideration for the financial assistance program. Each request will require a minimum two week review period before the applicant will be contacted. This program is for the 2024-25 season only and does not guarantee any financial support after this season.

### Application Guidelines:

1. No application will be considered unless all necessary documentation is completed and received in full.
2. Each grant will not exceed a maximum amount of \$200.00/player. Fees over and above this amount are the responsibility of the applicant.
3. Families may apply for more than one child on a single application.
4. Financial assistance may vary depending on each case and number of total applications.
5. Applications will be accepted from families who have already paid their fees and still require financial assistance. If application is successful, paid fees will be refunded to family.
6. If there are still funds available after disbursement, remaining funds will be carried forward to the next hockey season.
7. All successful applicants will be required to volunteer time with SLMH. This could be through a variety of different programs such as on-ice support for younger players, 50/50 tickets sales, score/timekeeping, cash calendar sales, help with tournaments, etc. failure to support your child's team and/or your child and failure to volunteer may result in being denied for future subsidy consideration.
8. The subsidy will not be more than outstanding fees. No subsidy beyond what is required will be issued. For example: First year Initiation Fees (\$200.00) could result in a maximum subsidy of \$200.00.
9. PLEASE NOTE: fees or arrangement for payment plans MUST be submitted or arranged with executive prior to the application deadline.
10. SLMH may also make an assistance request to Hockey Alberta's "Every Kid Every Community" on behalf of each approved player, for a possible additional \$200.00.

### How to Apply:

1. SLMH registration must be completed
2. One parent/family must have their "Respect in Sport" certification
3. Requests may only be made for players aged three to eighteen years old.
4. All applications must be submitted by mail (Box 476 Smoky Lake, AB T0A 3C0) to SLMH, or given to any member of the executive on or before November 1, 2024.
5. Provide any necessary documentation that would be relevant to your request for subsidy. Any documentation that you feel will help your claim may be attached to your application and will be kept strictly confidential (ie. Tax assessments, medical documentation, EI claim, etc.). All applications and supporting documents will be destroyed annually.
  - Eligibility requirements will be based upon one application per household and/or executive ruling.
  - Incomplete applications will not be accepted
  - Number of applications approved will be subject to available funds
  - SLMH reserves the right to review individual claims based on merit, special circumstances, and history.
6. Each application will be reviewed for a period of up to two weeks. A special closed executive meeting will be held approximately 2 weeks after application deadline to review and approve applications. The review committee will include the SLMH executive and at least one member of the supporting service groups. Each applicant will be contacted by a member of the executive no more than two weeks after application has been approved.
7. Please fully complete pages 4 and 5 of this application.

### Please mail complete applications to the following address:

Smoky Lake Minor Hockey Association  
Box 476  
Smoky Lake, AB T0A 3C0

**PLEASE NOTE:** If in the event during the season that incorrect or falsified information has been confirmed as provided during the application process, SLMA reserves the right to withdraw funding and players will be removed from game play for the remainder of the season.

For completion by **APPLICANT** (PLEASE PRINT CLEARLY and COMPLETE FULLY)

Name of Applicant: \_\_\_\_\_

Name of Player (1): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Playing Level of Player: \_\_\_\_\_

Name of Player (2): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Playing Level of Player: \_\_\_\_\_

Name of Player (3): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Playing Level of Player: \_\_\_\_\_

Address (including postal code): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_ Name of Father/Guardian \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

This statement is to be completed by the player’s parent(s) or legal guardian(s) before the Financial Assistance Application will be processed. All of your information is confidential. **PLEASE NOTE** ALL requested documentation **MUST** be submitted with your application by November 1, 2024, or your application will be considered incomplete and will be **DECLINED**.

**\*\*Please attach any supporting documentation that you feel will help your claim.**

Name of Parent/Guardian \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Number of persons living in household: \_\_\_\_\_

Are both parents living in the home? \_\_\_\_\_

Yearly Household Income (circle one) less than \$20 000 \$20 000 to 35 000 \$35 000 to 50 000  
\$50 000 to 60 000 more than \$60 000

Are you currently on any income assistance program? \_\_\_\_\_

Please state amount requested. \$ \_\_\_\_\_ (Maximum amount \$200.00/child)

Please state your reason for requiring assistance. Your application may not be considered without sufficient explanation of circumstances. Attach a letter if more space is required.

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Please outline your intentions of volunteer efforts to support and contribute to SLMH in the 2024/25 season.

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Have you taken "Respect in Sport"? Yes \_\_\_\_ No \_\_\_\_

**\*\*I recognize fees must be paid or arrangement for payment of fees MUST be completed to subsidy applications being considered.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_



**For Completion by Smoky Lake Minor Hockey Association**

Is SLMH subsidizing the player(s)? Yes\_\_\_\_ No\_\_\_\_

Has the parent/guardian contributed by volunteering either this year or in the past? Yes\_\_\_\_ No\_\_\_\_

Was financial assistance provided in the past? Yes\_\_\_\_ No\_\_\_\_ If yes, please list current sources of assistance:

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Amount requested:        \$\_\_\_\_\_                      (Office Use Only)

Registration Fees:                      \$ \_\_\_\_\_

Less amount already paid:            \$ \_\_\_\_\_

Less Other Subsidies:                 \$ \_\_\_\_\_

SLMH Subsidy:                          \$ \_\_\_\_\_

Balance Owing:                         \$ \_\_\_\_\_