



WE LOVE HOCKEY

APPLICATION FOR ASSISTANCE



FUNDING REQUIREMENTS:

- Children must be between the ages of 4-18 years old
- Recipients are in good standing and registered with WMHA, in the current hockey season

FUNDING DETAILS:

- Applicants must supply proof of financial need (Child Tax Benefit, Notice of Assessment etc.)
 - Total family net income to not exceed \$27,500 per year, unless approved by the Committee
 - The maximum amount a child may receive per hockey season is \$300.00
 - Please supply assistance from other charities or grants below;
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SUBMITTING YOUR APPLICATION:

- Players Name: _____
- Parents Name: _____
- Home Address: _____
- E-Mail Address: _____
- Phone Number: _____

I _____, declare the information submitted is accurate.
(signature)

Complete this form and attach financial proof to welovehockey@wmha.net

All approvals will be determined by the We Love Hockey Committee