



**WMHA Financial Relief Program**

**Application Guidelines and Form**

**2006**

**WMHA Financial Relief Program**  
**P.O. Box 713 Station 'A'**  
**Windsor, Ontario**  
**N9A 6N4**  
**Telephone: 519-254-1739**  
**www.wmha.net**

## **About the WMHA Financial Relief Program**

In 2006, the WMHA Financial Relief Program was created to support minor hockey players registered to play in the Windsor Minor Hockey Association (WMHA). The WMHA Financial Relief Program provides financial relief to minor hockey players who are currently experiencing difficulty raising enough funds to participate in the game.

### **Eligibility**

The WMHA Financial Relief Program Committee reviews all applications. The Treasurer contacts the applicant to confirm whether their request will be approved. Each request will require a 2–3 week period of review before the applicant will be contacted. All applicants must adhere to the following guidelines:

1. All requests can only be made for players aged five to seventeen years of age
2. Each applicant must be currently registered to play in the WMHA
3. Each grant will not exceed 50% of the players registration fee. Financial assistance will vary depending on each case
4. Only 1 application per household can be submitted

### **How to Apply**

1. All applications must be submitted to the WMHA Financial Relief Program Committee no later than September 30, 2006
2. Each applicant will be contacted by the Treasurer no later than 2-3 weeks after the application is submitted
3. Provide a one-page letter outlining your request
4. Provide proof of total household gross income from the Canadian government from the previous year as noted on your CCRA Notice of Assessment. Gross household income must not exceed \$25,000 per year

Please note the following:

- Incomplete applications will not be accepted
- Number of applications approved will be subject to available funds

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- The WMHA Financial Relief Program Committee reserves the right to adjudicate individual claims based on merit and special circumstances

**Please send your completed application to the following address:**

WMHA Financial Relief Program  
P.O. Box 713 Station 'A'  
Windsor, Ontario  
N9A 6N4  
Attention: President  
Telephone: 519-254-1739  
[www.wmha.net](http://www.wmha.net)

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**WMHA Financial Relief Program Application Form**

**Personal Information**

Name:

Parent/Guardian Name:

Address:

City:

Postal Code:

Telephone (H):

E-mail (optional):

Date of Birth (MM/DD/YYYY):

**Hockey Involvement**

**Current Level of Play:**

House League:

Years:

Travel:

Years:

**Application Checklist**

Did you remember to enclose the following with your application:

1. One page letter outlining your request

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2. Proof of household income supplied
3. Other supporting documents if applicable

I hereby apply for the WMHA Financial Relief Program and declare that all information submitted is complete and true in every aspect and that I have answered all questions applicable to me on this form.

Signature of Applicant:

Date:

Signature of Parent/Guardian:

Date:

**WMHA Financial Relief Program Committee (Office Use Only)**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Approved:**

**Date:**

**Denied:**

**Date:**

**Notes attached (if applicable):**