

N.A.S.C HOCKEY ASSISTANCE PROGRAM

MAKING HOCKEY "FUN"

2019/2020 Season

**** DEADLINE FOR APPLICATIONS****

SEPTEMBER 20TH, 2019



Information contained in this application is to be used strictly by N.A.S.C Hockey to determine eligibility and level of financial assistance. Application details are kept secure and confidential.

Subsidy Eligibility

ALL Applicants MUST first apply to one of the three (3) corporate partners listed on the N.A.S.C. Hockey website and MUST provide a copy of their application. The Selection Committee reviews all applications received and a member of this committee will contact all successful recipients. By submitting an application you are not guaranteed a subsidy. Each request will require a four week review period before the applicant will be contacted. This program is for the 2019-20 season only and does not provide any financial support after this season.

Applicant Guidelines

1. All applicants are required to provide payment for registration (\$150.00)
2. All requests can only be made for players aged three to nineteen years old;
2. No application will be considered unless all necessary documentation is received in full.
3. **Recipients of league donations are not permitted to play/participate on a select team.**
4. Each grant will not exceed a maximum amount of \$345. Financial assistance will vary depending on each case. Financial relief awards will be noted to the applicant's local park association and reflected on the monthly park association hockey invoice.
5. All successful applicants may be required to volunteer up to ten (10) hours of time with the hockey league. This could be through a variety of different programs such as on-ice support for younger players, tournaments, etc.

How to Apply

1. All applications must be submitted by 4:30 pm on Sept.20th, 2019.
2. Each application will be reviewed for a period of up to four (4) weeks. Upon receiving the application, the Oshawa N.A.S.C. Hockey Executive will contact the applicant's local park association with an acknowledgement. Each applicant will be contacted by the Oshawa N.A.S.C. Hockey Selection Committee no later than six (6) weeks after the application is submitted.
If there are still funds available after the first disbursement a second deadline will be made in order to fully disperse all of the funds for this season.
3. Provide a one-page letter outlining your request. This would also include any information that is relevant such as number of children in your family or your current employment status.
4. Provide any supporting documentation that would be relevant to your request for a minor hockey subsidy.
 - 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.
 - The Oshawa N.A.S.C. Hockey Selection Committee reserves the right to adjudicate individual claims based on merit and special circumstances.

PLEASE FULLY COMPLETE PAGE TWO OF THIS APPLICATION

Please send complete applications to the following address:

Oshawa N.A.S.C. Hockey
Attn: Financial Subsidy Program
350 Durham Court
Oshawa, ON L1J 1W9

E-mail: subsidy@naschockeyoshawa.org

PLEASE NOTE:

Information **MUST** be provided for all persons. If the parents are split, incomes must be reported including partner (boyfriend/girlfriend), common-law, etc.

If in the event during the season that incorrect or falsified information has been confirmed as provided during the application process, N.A.S.C. Hockey reserves the right to withdraw funding and players removed from game play for the remainder of the current season.

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

Name of Player** _____ Date of Birth: ____/____/____ (dd/mm/yy)

Address (Including postal code) _____

Name of Mother/Guardian _____ Name of Father/Guardian _____

Address (if different than above) _____

*Applicants currently being funded by their local Neighbourhood Association please check here:

** If more than one applicant, please attach a 2nd sheet

This statement is to be completed by the applicant'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 before the deadline date of September 20, 2019 or your application will be considered incomplete and will be **DECLINED**.

Name of Parent/Guardian: _____ Telephone (Home): _____

Occupation: _____ Telephone (Work): _____

Number of persons living in household: _____ Ages of children: _____

Please state your reason for assistance. If your application is based largely on personal debt your application will not be considered without sufficient explanation of circumstances.

PLEASE SUBMIT ONE OPTION FROM EACH SECTION (One and Two) AND INCLUDE A COPY OF EACH WITH YOUR APPLICATION (required)

Section One

Employee Pay Stubs:

Income Support Stubs:

Employment Insurance:

Copies of **THREE** of your most recent pay stubs.

Formerly known as Support for Independence (SFI)

EI stubs

Section Two

Canada Child Tax Benefit Notice:

CCTB for the current year showing family income and marital status

Notice of Assessment:

Only the most current Notice of Assessment for the prior tax year will be accepted. This is the form you receive from Revenue Canada after filing your tax. Require Notice of Assessment for **All persons meaning both parents**. ** If parents are split, incomes must be reported including partner (boyfriend/girlfriend), common-law, etc.

For completion by ASSOCIATION

Is Hockey/Community Association subsidizing the player? Yes _____ No _____

Is there an opportunity to earn credit through volunteering? Yes _____ No _____

How much (including volunteer credits) has the parent/guardian contributed? \$ _____

If volunteer credits are available but Parent/Guardian did not take advantage of opportunities, please provide details:

Was financial assistance provided in the past? Yes _____ No _____

If yes, please provide sources of assistance

Registration Fees \$ _____

Less:

Association Subsidy Provided \$ _____

Parents Contribution \$ _____

(Including volunteer credits)

Amount Requested From N.A.S.C. \$ _____ * **MUST NOT be more than \$345 .00 per child**