

WEST LORNE MINOR HOCKEY
APPLICATION FOR FINANCIAL ASSISTANCE

*Information contained in this application is to be used strictly by the West Lorne Minor Hockey Subsidy Committee to determine eligibility and the level of assistance.
Details regarding your application are kept confidential.*

Please complete fully

(PLEASE COMPLETE ONLINE OR PRINT LEGIBLY)

Name of Player _____

Date of Birth _____

Address (including postal code) _____

Name of Player _____

Date of Birth _____

Address (including postal code) _____

Name of Player _____

Date of Birth _____

Address (including postal code) _____

Name of Parent/Guardian _____

Address (if different than above) _____

Are you receiving any funding through any other group? **YES** ☐ **NO** ☐

Have you received funding through WLMH in the past? **YES** ☐ **NO** ☐

If Yes, please provide year(s) _____

Would you be willing to volunteer for any additional events or activities? **YES** ☐ **NO** ☐

Due to the limited amount of funds available, financial assistance will be determined by the greatest need and the number of applications received.

NOTE: Financial assistance covers registration costs only (in whole or in part). Fundraising book of tickets MUST be purchased separately by all to a maximum of 2 books/family

FINANCIAL ASSISTANCE PROGRAM
MONTHLY STATEMENT OF INCOME AND EXPENSES

*This statement **MUST** be completed in full by the applicants parents or legal guardian before the Financial Assistance Application will be processed. All of your information is confidential.*

Name of Parent/Guardian: _____

Occupation: _____

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

Telephone (Home): _____ Telephone (Work): _____

Please state your reason for assistance.

(If your application is based largely on personal debt you application will not be considered without sufficient explanation of circumstances.)

INCOME (Total take-home pay after deductions):

Self		\$	_____
Spouse		\$	_____
Child Tax Benefit		\$	_____
Social Services		\$	_____
Other (Specify)	1.	\$	_____
	2.	\$	_____
	3.	\$	_____
Total Monthly Income		\$	_____

EXPENSES (Monthly):

Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> (Check one)		\$	_____
Food		\$	_____
Utilities (Gas,Electric,Telephone,etc		\$	_____
Drugs and Medical		\$	_____
Other (Specify)	1.	\$	_____
	2.	\$	_____
	3.	\$	_____
Total Monthly Expenses		\$	_____

Signature: _____

Date: _____