

FLAMES EVENSTRENGTH PROGRAM
Formerly **THE FLAMES FINANCIAL ASSISTANCE PROGRAM**

2009/2010 Season

**** **DEADLINE FOR APPLICATIONS******

NOVEMBER 1st, 2009



HOCKEY CALGARY



flames evenstrength program
FLAMES FOUNDATION FOR LIFE

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

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 receiving funding through the Flames Financial Assistance Program may be informed of special events and Opportunities offered by our funding partners. Please check here if you DO NOT wish to be contacted

PLEASE FULLY COMPLETE PAGE TWO OF THIS APPLICATION

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 FFAP \$ _____ * MUST NOT be more than \$600 .00

Depending on the amount of funds for disbursement, financial assistance will be provided and determined by the greatest need and the number of years assistance has been provided. Proration percentages may apply based on the number of years FFAP has been received. (1st year – up to 100% available, 2nd year – up to 75% available, 3rd and subsequent years - up to 50% available)

Hockey/Community Association _____ **DATE:** _____

Contact Name: _____ **Signature** _____ **Telephone #:** _____

APPLICATION MUST BE SIGNED BY YOUR HOCKEY/COMMUNITY ASSOCIATION REPRESENTATIVE AND THE ASSOCIATION WILL SUBMIT THE APPLICATION FORM ON YOUR BEHALF TO HOCKEY CALGARY. ANY QUESTIONS OR CONCERNS REGARDING THIS FORM PLEASE CONTACT HOCKEY CALGARY AT (403) 245-5773 OR EMAIL info@hockeycalgary.com

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 November 1, 2009 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:	Copies of THREE of your most recent pay stubs.
Income Support Stubs:	Formerly known as Support for Independence (SFI)
Assured Income for the Severely Handicapped:	(AISH) stubs
Workers Compensation Board:	(WCB) pay stubs
Employment Insurance:	EI stubs

Section Two

Alberta Child Health Benefit Card: Please send in a photocopy of the card and THE LETTER that verifies your length of coverage. NOTE this is not your Alberta Health Care Card

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 **BOTH PARENTS**.

The HOCKEY CALGARY FLAMES EVENSTRENGTH PROGRAM is supported by funds generated from:

- Calgary Flames Hockey Club
- Calgary 55+ Hockey Association
- Annual Hockey Calgary Charity Golf Tournament
- Calgary Recreational Hockey Referee Association
- Wayne Gretzky Foundation 99 Reasons
- Miscellaneous donations from local minor hockey teams and private individuals