

**FLAMES EVEN STRENGTH PROGRAM**  
Formerly **THE FLAMES FINANCIAL ASSISTANCE PROGRAM**

2010/2011 Season

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

NOVEMBER 1<sup>st</sup>, 2010



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. (1<sup>st</sup> year – up to 100% available, 2<sup>nd</sup> year – up to 75% available, 3<sup>rd</sup> 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 [kirk@hockeycalgary.com](mailto:kirk@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.

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

Section One

<b>Employee Pay Stubs:</b>	Copies of THREE of your most recent pay stubs.
<b>Income Support Stubs:</b>	Formerly known as Support for Independence (SFI)
<b>Assured Income for the Severely Handicapped:</b>	(AISH) stubs
<b>Workers Compensation Board:</b>	(WCB) pay stubs
<b>Employment Insurance:</b>	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**.

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**The HOCKEY CALGARY FLAMES EVEN STRENGTH 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