

# FLAMES EVEN STRENGTH PROGRAM

2016/2017 Season

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

SEPTEMBER 15<sup>TH</sup>, 2016



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.

This statement is to be completed by the **APPLICANT'S PARENT(S) or LEGAL GUARDIAN(S)** before the Flames Even Strength 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 15<sup>th</sup>, 2016 or your application will be considered incomplete and will be **DECLINED**.

(PLEASE PRINT LEGIBLY and COMPLETE FULLY)

Name of Player \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Email contact address: \_\_\_\_\_

Home Address (if different than player) \_\_\_\_\_

Name of 2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Email contact address: \_\_\_\_\_

Home Address (if different than player) \_\_\_\_\_

Number of adults in household: \_\_\_\_ Number of children in household \_\_\_\_ Ages of children: \_\_\_\_\_

\*\* If the player is a "foster child" please provide proof such as a "Delegation of Powers".

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

Applicants receiving funding through the Flames Even Strength 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 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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**PARENT OR GUARDIAN: IT IS REQUIRED THAT YOU SUBMIT ONE OPTION FROM EACH SECTION BELOW  
\*(SECTION ONE and TWO) AND INCLUDE A COPY OF EACH WITH YOUR APPLICATION**

**\* SECTION ONE:**

-Employee Pay Stubs: Copies of THREE consecutive 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 Letter: 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  
-Subsidized Housing Letter: Please send copy of the letter  
-Canada Child Tax Benefit Notice: First page of CCTB for the current year showing family income and marital status  
-Notice of Assessment: Only the most current Notice of Assessment for the 2015 tax year will be accepted. This is the form you receive from Revenue Canada after filing your tax. NOTE that a Notice of Assessment is required from **BOTH PARENTS/GUARDIANS.**

**HOCKEY ASSOCIATION: PLEASE COMPLETE FULLY**

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:

**Registration Fees** \$ \_\_\_\_\_

**Less:**

Association Subsidy Provided \$ \_\_\_\_\_

Parents Contribution \$ \_\_\_\_\_

(Including volunteer credits)

**Amount Requested From FESP** \$ \_\_\_\_\_ \* **MUST NOT be more than \$700.00**

**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 Extension #206 OR EMAIL pam.douglas@hockeycalgary.com**

The HOCKEY CALGARY FLAMES EVEN STRENGTH PROGRAM (FESP) is supported by funds generously donated from:

- Flames Foundation for Life
- CP Rail
- KidSport
- Calgary 55+ Hockey Association
- Hockey Calgary Charity Golf Tournament
- Calgary Recreational Hockey Referee Association
- Miscellaneous donations from local minor hockey teams and private individuals