



Hockey Winnipeg

13 – 1100 Waverley Street
Winnipeg, MB R3T 3X9
Tel: (204) 784-5454 Fax: (204) 784-5450
Web: <http://www.hockeywinnipeg.ca>

(October 12 2017
Revised)

Funding Criteria for Hockey Winnipeg's Dianne Woods Memorial Player Financial Assistance Program

The following guidelines are followed in regard to the processing of all applications for the Dianne Woods Memorial Player Financial Assistance program. All applications and their content are completely confidential and are not distributed to anyone outside of the Hockey Winnipeg Administrative Office.

- 1) The Dianne Woods Memorial Player Financial Assistance program is intended to assist children and youth who would not otherwise participate in minor hockey related activities.
- 2) The Dianne Woods Memorial Player Financial Assistance program is a *"once per competition season"* application only. Multiple applications submitted over the competition season for funding of the same player will not be accepted.
- 3) The Dianne Woods Memorial Player Financial Assistance payment will be distributed to the applicable player's team manager/coach/treasurer. **No payments are made directly to the Parent(s), Legal Guardian or Foster Parent.**
- 4) The Dianne Woods Memorial Player Financial Assistance program is available for Hockey Winnipeg and Winnipeg Area Association based members only and cannot be accessed for elite sport programs such as AAA Hockey (through Hockey Winnipeg). If financial assistance is required for a player who has made a Hockey Winnipeg AAA team, then the player will be directed to the AAA Council Treasurer, who will supply their AAA specific *Application for Financial Assistance*.
- 5) The Dianne Woods Memorial Player Financial Assistance program funding may include, but would not be limited to, the following incurred expenses: Area Association program participation, administrative and volunteer fees; league and exhibition game travel expenses; additional ice fees, including try-out ice; tournament fees; monies collected for team pictures and wind-up parties; medals and awards; and personal clothing items which become the property of the applicable player.
- 6) The player and parent(s), legal guardian, foster parent **must** participate in all team/area association fundraising activities and programs.

- 7) Registration Fees for programs including but not limited to "day camps/conditioning camp/skills programs/learn to skate/etc." administrated by Hockey Winnipeg and Winnipeg Area Associations during pre/post-season or during competition schedule Christmas break and/or Spring break are **not eligible** for funding within this program.
- 8) Only children and youth aged 17 and under and residing within Hockey Winnipeg's catchment area are eligible for Dianne Woods Memorial Player Financial Assistance funding.
- 9) The Dianne Woods Memorial Player Financial Assistance program is for players who reside with (must have the same residential address) as their parent(s), Legal Guardian or Foster Parent.
- 10) The Dianne Woods Memorial Player Financial Assistance applications must be completed and signed by the player's parent, Legal Guardian or Foster Parent only.
- 11) **A recent copy of your Canada Customs and Revenue Agency "Notice of Assessment" is a required document that must be supplied with the Dianne Woods Memorial Player Financial Assistance application.** Copies of your Assessment can be obtained from Revenue Canada at the "Individual income tax number" 1-800-959-8281 or via their website at <http://www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/ssmnt-eng.html>.
- 12) Incomplete applications will be returned and are ineligible for funding.**
- 13) Dianne Woods Memorial Player Financial Assistance eligibility and the amount of assistance granted will be determined by the VP of Operations, in conjunction with the Executive Director of Hockey Winnipeg. The VP of Operations and the Executive Director will finalize the amount of financial assistance granted after reviewing the information contained in the submitted Dianne Woods Memorial Player Financial Assistance Application, Section A and/or Section B and Section C. Hockey Winnipeg reserves the right to deny financial assistance at their discretion and/or due to incomplete, inaccurate or false information supplied by the applicant(s).

*****IMPORTANT*****

The following application, including the required accompanying documents, should be submitted for processing directly to:

Via Regular Mail

Hockey Winnipeg
Attention: Administrative Assistant
13 – 1100 Waverley Street
Winnipeg, MB
R3T 3X9

Via Email

Hockey Winnipeg
Attention: Administrative Assistant
reception@hockeywinnipeg.ca



Hockey Winnipeg

13 – 1100 Waverley Street
Winnipeg, MB R3T 3X9
Tel: (204) 784-5454 Fax: (204) 784-5450
Web: <http://www.hockeywinnipeg.ca>

Application for Player Financial Assistance

All information provided will be confidential

Application Deadline: Monday, November 12, 2017

Date of Application: _____

Player's Name: _____

Player's Date of Birth: _____

Player's Area Association: _____

Previous Hockey Team (if applicable): _____

All information contained below should be that of a parent or legal guardian

Please Check One:

Single Parent Family ()

Two Parent Family ()

Do any of the following situations pertain to the above listed player?

Resides with a Legal guardian ()

Resides with a Foster Parent ()

Receives Social Assistance ()

If Single Parent/Legal Guardian/Foster Parent please complete **Section A (Page 4)**

If Two Parent Family please complete **Section B (Page 5)**

Section A (Single Parent /Legal Guardian/Foster Parent):

Parent, Legal Guardian or Foster Parent Name: _____

Home Address (must be the same address for the player in question):

Street: _____ Postal Code: _____

Phone: (Home) _____ (Business) _____

How long have you and/or the player named above lived at the listed address: _____

Number of children under 17, in your care and living at the above address: _____

Previous address if less than two years: _____

Place of employment: _____

No. of years employed at your current company: _____

Please check one of the following categories, which best indicates your total household annual income, including all additional support (i.e. spouse, Common-Law spouse, child support, social assistance, government payments other than social assistance, etc.):

Below \$15,000/year

\$15,000 - \$25,000/year

\$25,000 - \$35,000/year

If over \$35,000/year, please state amount: _____

A recent copy of your Canada Customs and Revenue Agency "Notice of Assessment" is a required document that must be supplied with this Dianne Woods Memorial Player Financial Assistance application. Copies of your Assessment can be obtained from Revenue Canada at the "Individual income tax number" 1-800-959-8281 or via their website at <http://www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/ssmnt-eng.html>

This application will not be processed unless the required Notice of Assessment is attached.

Section B (Two Parent Family):

Fathers Name: _____

Mothers Name: _____

Home Address (must be the same address for the player in question and both parents):

Street: _____ Postal Code: _____

Phone: (Home) _____ (Business) _____

How long have you and/or the player named above lived at the listed address: _____

Number of children under 17, in your care and living at the above address: _____

Previous address if less than two years: _____

Do you own your own residence: _____ Rent: _____ Other: _____

If you own your own residence, do you have a mortgage: _____

What is the monthly payment: _____

Who holds your mortgage: _____

If you rent, what is your monthly payment: _____

Place of employment: _____

No. of years employed at your current company: _____

Please check one of the following categories, which best indicates your total household annual income, including all additional support (i.e. spouse, Common-Law spouse, child support, social assistance, government payments other than social assistance, etc.):

() Below \$15,000/year

() \$15,000 - \$25,000/year

() \$25,000 - \$35,000/year

() \$35,000 - \$45,000/year

() \$45,000 - \$55,000/year

() \$55,000 - \$65,000/year

() If over \$65,000/year, please state amount: _____

A recent copy of your Canada Customs and Revenue Agency "Notice of Assessment" is a required document that must be supplied with this Dianne Woods Memorial Player Financial Assistance application. Copies of your Assessment can be obtained from Revenue Canada at the "Individual income tax number" 1-800-959-8281 or via their website at <http://www.cra-arc.gc.ca/tx/ndvdlis/tpcs/ncm-tx/ssmnt-eng.html>

This application will not be processed unless the required Notices of Assessment are attached.

Section C:

1) Please provide a brief explanation as to why you require this assistance. Please feel free to attach any additional information to this application that you feel would be beneficial in considering your request.

2) Has any other "hockey related" financial assistance from any other organizations been received or applied for at this time? If so, please list who and what has been approved/received.

3) Should funding be approved, please provide full "team" details as to who the cheque should be made payable (including team bank account name, team representative and team mailing address).

The above information provided to Hockey Winnipeg is a factual statement of my/our affairs.

Signature of Parent(s) _____

Signature of Legal Guardian or Foster Parent _____