



Hockey Winnipeg

13 – 1100 Waverley Street

Winnipeg, MB R3T 3X9

Tel: (204) 784-5454 Fax: (204) 784-5450

Web: <http://www.hockeywinnipeg.ca>

Funding Criteria for Hockey Winnipeg's Cooper Nemeth Memorial Player Assistance Fund

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

- 1) The Cooper Nemeth Memorial Player Assistance Fund is intended to assist children and youth who would not otherwise participate in minor hockey related activities.
- 2) The Cooper Nemeth Memorial Player Assistance Fund 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 Cooper Nemeth Memorial Player Assistance Fund 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 Cooper Nemeth Memorial Player Assistance Fund program is available for Hockey Winnipeg members at the AA level only.
- 5) The Cooper Nemeth Memorial Player Assistance Fund 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 Cooper Nemeth Memorial Player Assistance funding.
- 9) The Cooper Nemeth Memorial Player Assistance Fund is for players who reside with (must have the same residential address) as their parent(s), Legal Guardian or Foster Parent.
- 10) The Cooper Nemeth Memorial Player Assistance Fund 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 Cooper Nemeth Memorial Player Assistance Fund 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) Cooper Nemeth Memorial Player Assistance Fund 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 Cooper Nemeth Memorial Player Assistance Fund 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: November 12, 2019

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 Cooper Nemeth Memorial Player Assistance Fund 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 Cooper Nemeth Memorial Player Assistance Fund 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
