



Ontario Minor Hockey Foundation
Financial Relief Program
Application Guidelines and Form
2006



Ontario Minor Hockey Foundation
25 Brodie Drive, Unit 3
Richmond Hill, ON L4B 3K7
P: 905-780-6642 F: 905-780-0344
www.hockeyfoundation.ca

About the Financial Relief Program

Each year, minor hockey associations across the OMHA support numerous charities and charitable foundations. Thousands of dollars are generated and many causes and programs benefit from this support.

In 2000 the Ontario Minor Hockey Foundation (OMHF) was created to support minor hockey players in the Province of Ontario. This document will focus on the Financial Relief Program portion of the OMHF. The Financial Relief program provides financial relief to minor hockey players who are currently experiencing difficulty raising enough funds to participate in the game.

Eligibility

The Ontario Minor Hockey Foundation Board reviews all applications and a member of the Board contacts the applicant to confirm whether their request will be approved. Donations to applications are not guaranteed. Each request will require a four to six week review period before the applicant will be contacted. All applicants must adhere to the following guidelines:

1. All requests can only be made for players aged five to seventeen years old;
2. No application will be considered unless all necessary documentation is received in full. The President of the local minor hockey association or governing body will be notified if there are any missing documents.
3. Any applicant will play one of four levels of hockey: House, Local, Select/Minor Development League and Representative.
4. Each grant will not exceed \$200. Financial assistance will vary depending on each case. Financial relief cheques will be issued to the applicant's local minor hockey association or governing body.

How to Apply

1. All applications must be submitted to the OMHF by 4:30 pm on October 30th of the calendar year. Each application will be reviewed for a period of four to six weeks. Upon receiving the application, the OMHF will contact the applicant's minor hockey association or governing body by mail with an acknowledgement letter. Each applicant will be contacted by the OMHF no later than seven weeks after the application is submitted.
 2. Provide a one-page letter outlining their request.
 3. Provide a one-page letter from the President or designate of their local minor hockey association or governing body supporting their request.
 4. Provide proof of total household gross income from the Canadian government from the previous year as noted on the CCRA Notice of Assessment. Gross income must not exceed \$20,000 per year (based upon one application per household and/or Board ruling).
- * Incomplete applications will not be accepted.
 - * Number of applications approved will be subject to available funds.
 - * The OMHF Board reserves the right to adjudicate individual claims based on merit and special circumstances.

Please send complete applications to the following address:

Ontario Minor Hockey Foundation
Attn: Financial Relief Program
25 Brodie Drive, Unit 3
Richmond Hill, ON L4B 3K7
E-mail: info@hockeyfoundation.ca

Privacy Statement: The OMHF is committed to comply with the *Personal Information Protection and Electronic Documents Act* (PIPEDA). In this regard, the OMHF will protect the privacy and security of all personal information disclosed to or collected or used by the OMHF for the purposes of running its "Financial Relief Program". The OMHF follows the ten (10) Canadian Standards Association principles identified in the federal PIPEDA.



Financial Relief Program Application Form

Personal Information

Name: _____ Parent/Guardian Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone (H): _____ Cell: _____
 E-mail: _____
 Birth Date (MM/DD/YYYY) _____
 Donation Request (max. \$200): _____

Hockey Involvement

Current Organization: _____
 Current level of play: _____
 (Check all that apply)

<input type="checkbox"/>	House League	Years _____	<input type="checkbox"/>	Select / Minor Development	Years _____
<input type="checkbox"/>	Local League	Years _____	<input type="checkbox"/>	Representative	Years _____

Hockey Association / Organization Information

Current Association / Organization: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Website: _____
 Contact: _____ Title: _____
 Alternate Contact: _____ Title: _____
 Phone: _____ Fax: _____
 E-mail: _____

Application Checklist

- | | |
|---|--|
| <input type="checkbox"/> One page letter outlining request | <input type="checkbox"/> Supporting letter from Association |
| <input type="checkbox"/> Proof of household income supplied | <input type="checkbox"/> Other supporting documents included |

I hereby apply for the Financial Relief Program and declare that all information submitted is complete and true in every aspect and that I have answered all questions applicable to me on this form.

Signature of Applicant: _____ Date: _____
 Signature of Parent/Guardian: _____ Date: _____
 Signature of Association Contact: _____ Date: _____