

# Red Deer Minor Hockey

## Youth Assistant Application

### PHILOSOPHY

The Youth Assistance Program is available to assist needy youths in registering for Red Deer Minor Hockey programs. The program is to assist individuals for whom initial registration fees impose a hardship or prevent participation. **(Some restrictions apply at the Elite Level)**

### AMOUNT

This program is funded entirely by donations and therefore can only be used as long as funds are available. The amount in the account will be used to assist as many participants as the funds allow.

### ELIGIBILITY

Any individual or family requesting financial assistance for a child's registration fee may apply.

Completely fill out attached application. Interview is required by the General Manager, as well as a copy of your previous years Income Tax Return will have to be presented at that time.

**NOTE:** When coming to the interview, please ensure that you bring ALL pertinent information with you. For example, tax return, utilities costs, income amounts, monthly expenses, etc.

# Red Deer Minor Hockey

## Youth Assistant Application

Application Form (Please Print CLEARLY)

(If applying for more than one child, please use a separate form for each child)

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Hockey Division you are requesting Assistance for: \_\_\_\_\_

(Some restrictions apply at the Elite Level)

Are you able to share any portion of the cost: \_\_\_\_\_

How many adults are in your household: \_\_\_\_\_

How many children are in your household: \_\_\_\_\_

What are their ages: \_\_\_\_\_

Are you. . . . .

Are other household adults. . . . .

Employed Full Time \_\_\_\_\_

Employed Full Time \_\_\_\_\_

Employed Part Time \_\_\_\_\_

Employed Part Time \_\_\_\_\_

Unemployed \_\_\_\_\_

Unemployed \_\_\_\_\_

Student \_\_\_\_\_

Student \_\_\_\_\_

On Medical Disability \_\_\_\_\_

On Medical Disability \_\_\_\_\_

Are you receiving any form of assistance at the present time: Yes No

Explain: \_\_\_\_\_

Have you explored other funding/support avenues such as:

Sport Association Funding Yes No

Explain: \_\_\_\_\_

What other Recreation, Parks & Culture program(s) is your child participating in at this time: \_\_\_\_\_

Have you used the program before: Yes No

If Yes When: \_\_\_\_\_

Total Average Monthly Income: \_\_\_\_\_

(Include all income i.e. family allowance, etc)

Total Monthly Expenses: \_\_\_\_\_

(Include all expenses)

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For Office Use Only

Income Tax Verified: \_\_\_\_\_

Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature of Interviewer: \_\_\_\_\_

Total Funds Forwarded from Account: \_\_\_\_\_

## Red Deer Minor Hockey Youth Assistant Application

**Authorization for Release  
Of Confidential Information**

I, \_\_\_\_\_, do hereby request Red Deer Minor Hockey to obtain from any agency, government or private information concerning my circumstances regarding:

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In making this request I, \_\_\_\_\_, hereby consent to the release of herein-described information and do so freely without duress whatsoever from any source.

This request and consent is intended to apply to the specific circumstances described herein and no other. This request and consent is null and void once those circumstances have been satisfied or on \_\_\_\_\_, whichever occurs first.

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*Witnessed*

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*Signature*

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*Date*