

**Dawson Creek Minor Hockey Association  
Daryl Becotte Fund  
Player Assistance Program**

The information submitted with this application will be maintained in the strictest confidence and used solely by the application committee. The Player Assistance Committee may, by written request, require further verification of financial need not included on this application.

PURPOSE of the fund is to provide financial support for:

New players to the sport of hockey,  
Returning players,

A- Who otherwise may not have the financial resources to afford registration fees for the Dawson Creek Minor Hockey Summer Hockey School/Camp

B- Who otherwise may not have the financial resources to afford ancillary costs, such as tournament, Rep, and other fees associated with participation in Dawson Creek Minor Hockey, and would not be able to participate in hockey for the season. Only one application per player per season may be submitted.

**ELIGIBILITY**

Player is between 5 and 18 years of age.

**CRITERIA**

- \* Players must reside within the boundaries of Dawson Creek Minor Hockey Association
- \* Must demonstrate a clear financial need
- \* All other avenues of financial assistance must be exhausted
- \* No application will be considered unless all necessary documentation is received in full
- \* Any applicant will play one of four levels of hockey: House, "B", Select/Minor Development League and Representative.
- \* Additional circumstances may be taken into consideration
- \* Grant allocations may be taken into consideration when any reimbursements occur at the end of the season.
- \* Funding is available to a maximum of \$500 per player

Incomplete applications will not be accepted.

Number of applications approved will be subject to available funds.

The DCMHA Board reserves the right to adjudicate individual claims based on merit and special circumstances.

Mother's (Guardian) name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Father's (Guardian) name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Custodial Parent: \_\_\_\_\_

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

\_\_\_\_\_

Name of Player: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Number of other children in the family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother's Gross Income: \_\_\_\_\_ Father's Gross Income: \_\_\_\_\_

Do you own or Rent your home: Own Rent

Motherly Household Expenses:

Mortgage/Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cable: \_\_\_\_\_

Vehicle Payments: \_\_\_\_\_ Other: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Do you own any vehicles? If yes, what year and make?

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever played in Dawson Creek Minor Hockey League: Yes No

If yes, what years? \_\_\_\_\_

What, if any equipment can you supply?

\_\_\_\_\_

\_\_\_\_\_

What, if any other funding sources have you tried to assist with funding:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have any special circumstances that need to be considered:

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(Attach extra sheets if needed)

If you are requesting support for ancillary costs for the upcoming season, there must be:

- Evidence that discussions have taken place with the coach/manager of the team so that other options for financial assistance have been exercised.
- A budget listing expected costs, as well as proof that cost reduction measures are being planned (Car-pooling, shared accommodations, etc.).
- Evidence that parents are actively participating in team fundraising activities.:
- Evidence that the player/child is paying a portion of his/her own fees
- Evidence that the player is attending practices and games on a regular basis.

\_\_\_\_\_  
Signature of Mother (Custodial Parent)

\_\_\_\_\_  
Signature of Father (Custodial Parent)

Applications must be received by the President no later than October 15<sup>th</sup> of each year