

**Dawson Creek Minor Hockey Association
Ryan Rowe 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,

Who otherwise may not have the financial resources to afford basic registration fees 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
- * Camps, travel to playoffs, championships, etc. are not eligible expenses
- * 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.

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

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:

(Attach extra sheets if needed)

IF, MINOR HOCKEY SUPPLIES YOUR CHILD WITH EQUIPMENT, IT IS ON THE UNDERSTANDING THAT IT WILL BE RETURNED TO MINOR HOCKEY AT THE END OF THE SEASON IN REASONABLE CONDITION. ACCEPTANCE BY THE RYAN ROWE FUND ONLY COVERS REGISTRATION FEES AND EQUIPMENT. YOU AND YOUR CHILD WILL BE RESPONSIBLE FOR EXTRA FEES TO COVER TOURNAMENTS, TEAM PICTURES, REP FEES, AND OTHER COSTS THAT MAY ARISE DURING THE SEASON.

Signature of Mother (Custodial Parent)

Signature of Father (Custodial Parent)

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