



Rob Hartnell “Hart of the Game Foundation “

Financial Assistance for Wetaskiwin Minor Hockey

This assistance is available to players that want to participate in Wetaskiwin Minor Hockey but do not have the financial ability to cover the cost associated with participating.

Please fill out the attached form and send it to vp.wmha@gmail.com. You will be notified by the “Hart of the Game Foundation” committee on the status of your funding. Funds are available based on financial need. Funding is limited and will be allocated on a first come, first serve basis.

Submitted by: _____ Date: _____

Email: _____ Phone: _____

Player’s Name: _____ Date of Birth: _____

Division (Circle One): U7 U9 U11 U13 U15 U18 Male or Female: _____

TOTAL AMOUNT REQUESTED \$: _____

Please provide a detailed explanation of why you require the funding (use additional paper if necessary)

Requests will be reviewed by “Hart of the Game Foundation” committee for final approval.

Date Reviewed by the Committee: _____ APPROVE DISAPPROVE

RETURN FOR ADDITIONAL INFORMATION

Comments:



I understand that if I receive funding, I will remain an active participant within the association, and that I will regularly participate in fundraising activities and other normal hockey duties. I also understand that if I decide to no longer participate with WMHA, I will notify the "Hart of the Game Foundation" committee immediately. Failure to do so could jeopardize future funding. Funding will be distributed each season and is for only one year. I understand that I must reapply each year I would like to receive funding.

Signature: _____ Date: _____