

**Rob Hartnell “Hart of the Game Foundation”**

**Application for Financial Assistance**

This assistance is available to youth athletes who wish to participate in organized sports or physical activities within Wetaskiwin and Wetaskiwin County but do not have the financial ability to cover the associated costs.

Please Note: \* The Foundation **may** award up to 100% of registration fees owed.

**• Approved funds for registration will be paid directly to the sports association or organization.**

**• Funding is limited and allocated based on financial need as determined by the Committee.**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Athlete’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sport/Activity: \_\_\_\_\_ Association: \_\_\_\_\_

Division (if Hockey): U7 U9 U11 U13 U15 U18 | Male / Female

TOTAL REGISTRATION FEE \$: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

Please provide a detailed explanation of why you require funding:

FOR COMMITTEE USE ONLY

Date Reviewed: \_\_\_\_\_  APPROVE  DISAPPROVE  PENDING INFO

Approved Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

I understand that if I receive funding, the athlete will remain an active participant within their association and will regularly participate in required fundraising activities and team duties.

I also understand that if the athlete decides to no longer participate, I will notify the Hart of the Game Foundation committee immediately. Failure to do so could jeopardize future funding.

Funding is distributed on a per-season basis and is for one year only. I understand that I must reapply each year I wish to be considered for support.

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

\_\_\_\_\_