



# IN THE GAME GRANT APPLICATION

## APPLICATION CHECKLIST

- All blanks in Steps 1, 2 and 3 are filled in and complete.
- Proof of family income is attached as requested by Funding Policies A and B on page 2 of this application. **Applications will not be processed without required supporting documents.**
- Read and understand all funding policies as indicated on page 2 of this form.
- Application must be received by Hockey Manitoba no later than **December 31<sup>st</sup>** of the current season.

## Send Completed Applications to:

Hockey Manitoba  
c/o Scott Furman, Director of Business Operations  
145 Pacific Avenue  
Winnipeg, MB R3B 2Z6  
Email: [scott@hockeymanitoba.ca](mailto:scott@hockeymanitoba.ca)

# JUST PLAY – In The Game Grant Application

## STEP 1 CHILD INFORMATION

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Male  Female Age \_\_\_\_\_ Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Number of Dependent Children in Family (Age 18 and Under): \_\_\_\_\_

Has this Child Ever Received Funding Assistance Before (i.e. Kidsport™)?  Yes  No If YES when? \_\_\_\_\_

**I authorize Hockey Manitoba and the Minor Hockey Association/Community Club to discuss the status of this application.**

Parent/Sponsor/Guardian Signature \_\_\_\_\_ Date : \_\_\_\_\_

## STEP 2 PARENT / SPONSOR / GUARDIAN INFORMATION

**Note: The parent/guardian/sponsor will act as the contact person for the child & will receive all correspondence.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from Child's): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to Child (i.e. Parent/Sponsor/Guardian/other): \_\_\_\_\_

Please check one:  Single Parent  Married  Common-Law

Do any of the following apply to your family?  Social Assistance  Foster Parent

## STEP 3 FINANCIAL INFORMATION

I have provided the following supporting documents: *(please check all boxes that apply)*

Canada Customs and Revenue Agency NOTICE OF ASSESSMENT (NOA) *(See Funding Policy 'A')*  
*(If married or common-law, include both partner's Notice of Assessments or the application will be considered incomplete)*

Proof of Social Assistance Status *(See Funding Policy 'B')*

Proof of Foster Parent Status *(See Funding Policy 'B')*

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

The Notice of Assessment(s) provided accurately reflects my current financial situation.  Yes  No

**If NO, provide a letter explaining and provide proof of your current financial situation (i.e.: pay stubs).**

### HOCKEY MANITOBA OFFICE USE ONLY:

Total Household Income \$ \_\_\_\_\_

**FUNDING POLICIES**

- A) A copy of Canada Customs and Revenue Agency Notice of Assessment (NOA) must be provided. **Applications will not be processed without proof of income and additional financial information may be requested.** If you do not have your most recent Canada Customs and Revenue Agency Notice of Assessment, contact Revenue Canada at 1-800-959-8281.
- B) If you are a Foster Parent for the child applying, or on Social Assistance, please provide proof of Foster Parent Status or Social Assistance Status.
- C) In the Game grants are designed to help children ages 5-12 who may not normally register in hockey without funding assistance. **Only children registering in hockey for the first time are eligible** and preference is given to participants of Hockey Manitoba's JUST PLAY Hockey Discovery Days or First Strides Access programs.
- D) In the Game grants are disbursed up to a **maximum of \$250** per child to cover **hockey registration fees only**.
- E) **Successful grant applicants will be informed within two weeks of receipt of application.** Upon confirmation, Hockey Manitoba will forward an additional form that needs to be filled out by the applicable Minor Hockey Association or Community Club. This form along with proof of registration (and amount of fees due) is required by Hockey Manitoba prior to disbursement of grant. Funding cheques are sent directly to the Minor Hockey Association/Community Club unless otherwise determined by Hockey Manitoba.
- F) If registration fees have already been paid for, Hockey Manitoba may decide to reimburse family directly at its discretion with proof of registration fees paid.
- G) **Hockey Manitoba wants to ensure we assist those most in need.** We use the Statistics Canada Low Income Cut-off guidelines as a tool to determine which families are eligible for assistance. Exceptions may occur for unique circumstances, but in most cases applications will not be considered if your household gross income is higher than shown in the chart below.

**2012 Low Income Cut-off Guidelines**

Family Size	Maximum Household Gross Income
2	\$28,182
3	\$34,646
4	\$42,065
5	\$47,710
6	\$53,808
7	\$59,907

**Applications must be complete and received in the Hockey Manitoba office by December 31<sup>st</sup> of the current season to be considered. If you need assistance completing this form please contact us at 204-925-5756.**

**ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE RETAINED BY HOCKEY MANITOBA AND SHALL NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE EXPRESS WRITTEN CONSENT OF THE APPLICANT.**

