



2018 Scholarship and Bursary Application Form

Section 1

Parent/Guardian Profile:

First Name: _____ Last Name: _____

Email Address: _____ Primary No.: () Secondary No.: ()

Primary address: _____ Unit No.: _____

City: _____ Postal Code: _____

Relationship to applicant: Parent / Guardian / Other: _____

Family Composition:

of children in home (18 & under): _____

of Adults in the home (individuals over 18): _____

Single Parent / Dual Parent (please circle one)

If married or common-law, please include both partners income when indicating total household income

Please indicated if your family would be recognized as one of the following (please circle all that apply):

Indigenous

New Canadian (resided in Canada for less than 10 years)

Section 2

Child Profile

First Name: _____ Last Name: _____

Birthday: (MM/DD/YYYY) _____ Age: _____ Male / Female (please circle one)



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Section 3

Funding request

Program (please select one)

- Okanagan Hockey Academy Okanagan Hockey School - Penticton
- Okanagan Hockey School - Edmonton Okanagan Hockey School - Calgary Okanagan Hockey School - Kelowna
- Other CSSHL Academy or hockey camp: _____ (please indicated name and location)

If you selected funding for the Okanagan Hockey School please outline which camp program you would like your child to participate in:

- Learn to Play Power Skating Advanced Development/Shooter combined
- Goalie Development Defence Specialty Goalie
- Skater Development Battle and compete Intensive Goalie
- Advanced Goalie Development Shooters / Scorers Hockey Canada Goalie
- Advanced Skater Development Power Skating/Battle combined Transcend training 6 week program

If you have selected funding for the Okanagan Hockey Academy or another CSSHL approved location, please provide the following:

Current School: (full name and address)

School District:

If you have selected funding for the Okanagan Hockey Academy or another CSSHL approved location, please forward the following with your application:

- School transcripts
- Reference letter from a member from the school's administration staff
- Reference letter from one of the student's current teachers



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Current Hockey Registration

Hockey Association: _____

Team/Organization: _____

Team/Organization address (full address): _____

Team/Organization contact name: _____

Team/Organization contact email: _____

Provincial Branch: _____

Section 4

Proof of Income

Total yearly household income \$_____ including alimony, spousal support, child support, etc.

Please attached a photo copy of a document from the list below:

- Child health benefits letter
- Provincial low Income support (i.e. AISH, BCEA, ODSP, SES, etc.)
- Subsidized housing
- 1st page of Canada Child Tax Benefit Notice (most recent tax year)

OR Attach a photocopy of the following documents for each adult in the household:

- Notice of Assessment for 2016 year, for each adult in the home

Section 5

Financial Review

I hereby acknowledge that the Okanagan Hockey Community Foundation may require additional personal financial information to be reviewed by a third party for the purposes of an independent non biased financial means assessment. I also acknowledge that the Okanagan Hockey Foundation will directly receive a summary of recommended financial support from the third party and such recommendation shall not guarantee scholarship and/or bursary funding.

Date:(MM/DD/YYYY) _____ Signature of Parent/Guardian: _____