



201- 853 Eckhardt Avenue West
Penticton, BC V2A 9C4
okanaganhockeyfoundation.com

Financial Aid Application - Academy

Section 1 Parent/Guardian Profile

First Name: _____ Last Name: _____
Email address: _____ Phone: _____
Primary address: _____ Unit No.: _____
City: _____ Prov: _____ Postal Code: _____
Relationship to student-athlete:
Parent Guardian Other

Family Composition

of children in home: _____ # of adults in home (individuals over 18): _____
Single parent home Dual parent home

If married or common-law, please include both partner's income when indicating total household income below.

Please indicate if your family would be recognized as one of the following (please check all that apply):
Indigenous New Canadian (resided in Canada for less than 10 years)

Section 2 Child and school profile

First Name: _____ Last Name: _____
Date of Birth: (MM/DD/YYYY) _____ Age: _____ Male / Female

Current Hockey Registration Provincial

Branch:

Hockey Association:

Team / Organization:

Team / Organization address: Coach's
name:

Coach's email:

Coach's phone:



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Current School

School Name:

School District:

School Address:

City:

Prov:

Postal Code:

Principal:

Principal email:

Principle phone:

Section 3: Financial Support Request

Financial request (please outline \$ amount)

Program: (please select one from the drop down menu)

If you selected other as the program of choice, please indicate the following:

Academy Name:

Academy Location:

Is the academy a member of the CSSHL?

Section 4 Proof of Income

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

Please attach a photocopy of at least one of the documents listed below:

- Notice of Assessment for most recent tax year for each adult in the household
- 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)



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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 Community Foundation will directly receive a summary of recommended financial support from the third party and such recommendations shall not guarantee scholarship funding.

Signature of Parent/Guardian:

Print name:

Date: (MM/DD/YYYY)