



201- 853 Eckhardt Avenue West  
Penticton, BC V2A 9C4  
[okanaganhockeyfoundation.com](http://okanaganhockeyfoundation.com)

## Financial Aid Application - Camp

### 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 profile

First Name:

Last Name:

Date of Birth: (MM/DD/YYYY)

Age:

Male / Female

Current Hockey Registration Provincial

Branch:

Hockey Association:





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**Section 3**

Financial Support Request

Amount seeking:

Programming: (please select one)

Okanagan Hockey Camp (OHC)	Location	Camp
WHL Combines	Location	
Female Combine Testing	Location	
Showcase(s)/Evaluation(s)	Location	Selection
Event(s)/Other	Location	Selection

If the camp does not fall within Okanagan Hockey Group programming, please indicate the following:

Camp name:

Camp location:

Date of camp:

Contact name

Contact email:



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#### **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)

#### **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)