

Okanagan Hockey Community Foundation: Hockey Camps Financial Aid Application

Email application info@okanaganhockeyfoundation.com

Please note that previous hockey experience, basic skating skills and access to full hockey equipment are required.

Section 1: Parent/Guardian Profile	
First Name:	Last Name:
Mailing Address:	
City:	Postal Code:
Telephone:	Email:
Single Parent/Guardian <input type="checkbox"/>	Dual Parent/Guardian <input type="checkbox"/>
Relationship to athlete: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Total Yearly Income: <input type="checkbox"/> Less than \$36,000 <input type="checkbox"/> \$36,000 - \$70,000 <input type="checkbox"/> Greater than \$70,000	Additional information to support financial aid request:
Section 2: Child Profile	
First Name:	Last Name:
Date of Birth:	Age
Male <input type="checkbox"/> Female <input type="checkbox"/>	Hockey experience None <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years <input type="checkbox"/>
Identify if you have access to the following hockey equipment:	
<input type="checkbox"/> On-Ice Hockey Equipment and Stick (s) as per Hockey Canada/ USA Hockey. <input type="checkbox"/> Neck guard <input type="checkbox"/> At least 2 sticks <input type="checkbox"/> Thermal underwear and jock <input type="checkbox"/> Hockey socks (knit) <input type="checkbox"/> Sharp skates and hockey socks <input type="checkbox"/> Stick and sock tape	
Section 3: Financial Support Request – Hockey Camp	
Financial Amount Requested: \$	
Okanagan Hockey Camps	
Penticton: <input type="checkbox"/> July 18 - 22 <input type="checkbox"/> July 25 - 29 <input type="checkbox"/> Aug 1 - 5 <input type="checkbox"/> Aug 8 - 12 <input type="checkbox"/> Aug 15 – 19 <input type="checkbox"/> Aug 22 - 26	Kelowna <input type="checkbox"/> Aug 1 - 5 <input type="checkbox"/> Aug 8 - 12 <input type="checkbox"/> Aug 15 – 19
Edmonton <input type="checkbox"/> July 18 - 22 <input type="checkbox"/> July 25 - 29 <input type="checkbox"/> Aug 1 - 5 <input type="checkbox"/> Aug 8 - 12	Calgary <input type="checkbox"/> July 11 - 15 <input type="checkbox"/> July 18 - 22 <input type="checkbox"/> July 25 - 29 <input type="checkbox"/> Aug 1 - 5
Whitby <input type="checkbox"/> July 4 - 8 <input type="checkbox"/> July 11 - 15 <input type="checkbox"/> July 18 -22 <input type="checkbox"/> Aug 8 - 18 <input type="checkbox"/> Aug 22 - 26	
If the camp does not fall within Okanagan Hockey camps programming, please complete the following:	
Camp Name:	Camp Location:
Date of Camp:	Contact Name:
Camp email:	

Section 4: Confirmation

The information presented in this application is true and complete:

Signature(s) of parent/guardian: Name:	Date:
Signature(s) of parent/guardian: Name:	Date: