



Alumni

WELCOME TO THE EDMONTON MINOR HOCKEY ASSOCIATION ALUMNI COMMUNITY FUNDING PROGRAM

The Edmonton Minor Hockey Association Alumni was incorporated in August of 2000 to:

- Raise funds for the development of Minor hockey in Edmonton and to promote, foster, and encourage the development of hockey generally.
- Assist underprivileged and low-income families with Fees for Registration and Equipment.
- Assist in Minor Hockey programs sponsored by the EMHA.
- Support and funding of non-profit Minor Hockey Programs.

To this end, the EMHA Alumni has set up a program to assist underprivileged and low-income families for Hockey Registration Funding.

GUIDELINES FOR GRANTS TO INDIVIDUAL ATHLETES

- Grants are only for registration fees for hockey, for a registered EMHA team.
- The EMHA Alumni will only issue funds to registered organizations on behalf of the athlete for the current hockey season.
- There is a maximum amount per calendar year per athlete and priority will be given to those individuals applying for the first time during a calendar year.
- Only individuals aged 17 years and under are eligible.
- Funding will not be considered if you are already receiving grants from any other organization providing this financial assistance.



EDMONTON MINOR HOCKEY ASSOCIATION ALUMNI Community Funding Program

Alumni

Date of Application: _____

APPLICANT INFORMATION

Athlete's Name: _____

Age: _____ Date of Birth: _____

Address: _____ Telephone: _____

City: Edmonton Prov.: AB Postal Code: _____

ADULT SPONSOR OF ATHLETE

****Every Athlete must have an Adult Sponsor in order to Qualify for Funding****

Sponsor's Name: _____ Relationship to Athlete _____
(Coach, Hockey Director, etc.)

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone (Res): _____ Telephone (Bus): _____

Signature of Sponsor: _____

PURPOSE OF FUNDING

Note: Maximum of Funding Available per Athlete is \$200 per Year.

Registration Fee: _____ Less Subsidy: _____ = Total Request: _____

Did you receive funding for last year? _____ From whom? _____

HOCKEY PROGRAM

Name of Organization: _____

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Contact Person: _____

Category/Division Registering For: _____

Amount of Subsidy Available from Organization: _____

Verification of Registration: _____

Signature of Organization Representative

VERIFY YOUR FINANCIAL LIMITATIONS

Attach Brief Explanation Why Funding is Necessary

MAIL APPLICATION FORM TO:

EMHA Alumni - Registration Funding Application
10618 - 124 St
Edmonton, AB T5N 1S3