



# Chance 2 Play Application 2018

## Step 1 – Eligibility

### Before you begin, determine your eligibility:

Eligibility for the program is based on your Household Size and Total Family Income. Please determine if you are eligible. **Please circle your Household Size and Maximum Income level.**

Total Family Household Size	Maximum Allowable Total Family Income
2	\$35,498
3	\$42,322
4	\$50,135
5	\$56,111
6	\$62,549
7+	\$68,986

**\*\*PLEASE SUBMIT VERIFICATION OF INCOME (LAST YEAR'S INCOME TAX SUMMARY) WITH YOUR APPLICATION**

### Parental Contribution:

1<sup>st</sup> child: \$20.00

Every child after that: \$15.00 each

Maximum parental Contribution of \$50.00

For example: If you have 2 children playing hockey your family contribution would be \$35.

**\*\*PLEASE SUBMIT WITH YOUR APPLICATION**

**\*\* APPLICATIONS WILL NOT BE PROCESSED WITHOUT VERIFICATION OF INCOME AND THE PARENTAL CONTRIBUTION**

## Step 2 – Personal Information

Name of Child(ren):		Birth date(s):	
1)	Male	Female	1)
2)	Male	Female	2)
3)	Male	Female	3)
4)	Male	Female	4)
<b>Custodial Parental Information</b>		<b>Father/Guardian:</b>	
<b>Mother/Guardian:</b>		<b>Father/Guardian:</b>	
Last Name: _____		Last Name: _____	
First Name: _____		First Name: _____	
Address: _____		Address: _____	
City: _____		City: _____	
Postal Code: _____		Postal Code: _____	
Phone: Home - _____ Work - _____		Phone: Home - _____ Work - _____	
Cell - _____		Cell: _____	
Email: _____		Email: _____	
<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's father <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I have full custody <input type="checkbox"/> I share custody *I have a live in partner other than the child's father <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE NOTE – THE FOUNDATION CANNOT PROCESS AN APPLICATION WITHOUT THE FOLLOWING INFORMATION:**

<input type="checkbox"/> A completed Chance 2 Play Application <input type="checkbox"/> Financial documents verifying income	<input type="checkbox"/> Verification of Registration	<input type="checkbox"/> Family Contribution *Cheques made out to CFS*
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### Step 3 – Financial Information

**Total Family Income:** Please indicate your total family income for 2017 from ALL sources. Include any supporting documentation (must include the summary sheet from 2017 income tax).  
If custody is shared, please submit income information for both parents.

**Total Annual Income from ALL sources**

\$ \_\_\_\_\_

**Number of children living in home:** \_\_\_\_\_

Total Family Income: **Please check all that apply**

- Annual Wage/Salary
- Income Assistance
- Employment Insurance
- Child Maintenance
- Other. Please describe: \_\_\_\_\_

**Please provide documentation for any of the indicated income sources above; must include 2017 income tax summary sheet.**

**Public Awareness:** Can we contact you to share your child's hockey experience in feature articles such as newspapers, radio, and Foundation newsletters? Please circle. **Yes** **No**

**How were you made aware of Arron's Chance 2 Play Hockey Fund?** Please check all that apply  
Newspaper  Radio  Friend  School  Poster  Agency/Worker  Hockey Club  Other

**Program Information:** The Foundation will cover full hockey registrations. If registration fees are less than \$400 additional funds may be available for equipment up to a maximum of \$400 per child.

Funding request for:

- Hockey Registration  Partial Equipment\*\*

\*\* Equipment: Please specify what equipment was purchased. Receipts required for reimbursement

#### THINGS YOU NEED TO KNOW

- An application does not guarantee a sponsorship
- There is no limit on the number of children sponsored from one family.
- The Chance 2 Play Hockey Fund does not sponsor children in Agency care.
- **You are responsible for getting your child to the rink. The hockey association your child is registered with has the right to inform Chance 2 Play if your child is not attending practises and games on a regular basis.**
- Our fiscal year runs from April 1 to March 31

#### Declaration:

**I have read and understand the attached eligibility criteria and by my signature below declare the above information to be true:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to player: \_\_\_\_\_



# Chance 2 Play 2018 Verification of Registration

Hockey Registration

**PLEASE TAKE TO YOUR CHILD'S MINOR HOCKEY ASSOCIATION OR COACH**

Chance 2 Play Hockey 2018 Application

Child's Name: \_\_\_\_\_

Part B) Supplementary Information to be completed by Organization Board member

Organization: (please print)

The organization is the club with which the athlete is registered or will be registering to. Only the **President, Vice President, Registration Chair, Secretary, or Treasurer** of the organization's Board of Directors are eligible to sign the application form.

Organization: \_\_\_\_\_

Club Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_ Registration Fees only

This amount cannot include ice time, uniform fees, travel, raffle tickets, etc.

Organization's Board Members Responsibilities:

- Confirm that the athlete is registering for the requested program  Yes  No
- Confirm the requested fee  Yes  No
- Inform the "Chance 2 Play" Program if a child is not attending practises and games on a regular basis.

Boards Members Name: \_\_\_\_\_

Organization's Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: Business - \_\_\_\_\_ Residential - \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Verification of the Applicants Registration: \_\_\_\_\_

Signature of Board Member

Position

Please return completed Part B information to:  
Chance 2 Play  
Child and Family Services of Central Manitoba Foundation Inc.  
25-3<sup>rd</sup> Street SE Portage la Prairie, MB R1N 1N1  
Phone: 204-857-8751 Fax: 204-239-1413