



Chance 2 Play CanSkate Application 2020

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 YOUR INCOME (LAST YEAR'S INCOME TAX SUMMARY) WITH THE APPLICATION**

Parental Contribution:

1st 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 YOUR CONTRIBUTION WITH THE 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)	
Custodial Parental Information Mother/Guardian:		Father/Guardian:	
Last Name: _____ First Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: Home _____ Work _____ Cell _____ Email: _____		Last Name: _____ First Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: Home _____ Work _____ Cell _____ 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 mother <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<input type="checkbox"/> Completed Chance 2 Play Application	<input type="checkbox"/> Signed Declaration	<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 last year from ALL sources. Include employment income, child support, EI Benefits, Income Security, etc. Please supply copies of financial documents, the summary sheet from last year's income tax is preferred.

If custody is shared, please submit income information for BOTH parents.

Income Source	Mother/Guardian	Father/Guardian
Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		
Annual Wages / Salary	\$	\$
Income Assistance	\$	\$
Employment Insurance	\$	\$
Child Maintenance Received	\$	\$
Other	\$	\$
Total Annual Income from ALL sources	\$	\$

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

THINGS YOU NEED TO KNOW

- An application does not guarantee a sponsorship for this skating season.
- 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.
- Funding is up to a maximum of \$400.00 per child per year.
- Our fiscal year runs from April 1 to March 31
- **CANCELLATION POLICY:** If the child leaves the program or club, within the current season, registration fees (where applicable) will be reimbursed to the Chance 2 Play fund.

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: _____



CanSkate Application 2020 Verification of Registration

PLEASE TAKE TO YOUR CanSKATE ORGANIZATION

Child's Name: _____

Step 4 – Supplementary Information to be completed by Organization Board Member

**** PLEASE PRINT ****

The organization is the club with which the athlete is registered or will be registering. 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

Your responsibilities when signing this form are:

- Confirm that the athlete is registering for the requested program Yes No
- Confirm the requested fee Yes No

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 send completed forms to:

Chance 2 Play

c/o Child & Family Services of Central Manitoba

25 3rd Street SE, Portage la Prairie, MB R1N 1N1

Phone: 204-857-8751

Fax: 204-239-1413

Toll Free: 1-888-339-3576

Web site: www.cfscmfoundation.com

Additional applications can be downloaded from our website.