



# Chance 2 Play Application 2023

## 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:

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 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)	
<b>Custodial Parental Information</b>		<b>Father/Guardian:</b>	
Mother/Guardian:		Father/Guardian:	
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 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	\$	\$
<b>Total Annual Income from ALL sources</b>	\$	\$

**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 total maximum of \$400 per child.

Funding request for:     Hockey Registration                       Partial Equipment\*\*

\*\* Equipment: Please specify what equipment was purchased. Receipts are 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 with which your child is registered 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 2023 Verification of Registration

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

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:

- 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 send completed forms to:**

Chance 2 Play

c/o Child & Family Services of Central Manitoba

25 3<sup>rd</sup> 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](http://www.cfscmfoundation.com)

Additional applications can be downloaded from our website.