

## **SWAT Hockey**

## **Co-operators Community Assistance Application**

DEADLINE TO APPLY: July 31st by 11:59 PM

Decision to be made by confidential committee by August 15<sup>th</sup> Submit completed applications to: <a href="mailto:swat.communityfund@gmail.com">swat.communityfund@gmail.com</a>

This fund has been set up to assist SWAT families that otherwise could not afford the registration cost of playing hockey for the 2020/2021 season.

Funding decisions will be based on which families demonstrate the most need and willingness to assist the association with additional volunteer hours throughout the 2020/2021 season.

Funding is being considered on a family by family basis and, if approved, will cover up to 50% of the player(s) registration fees for the 2020/2021 season. Assistance can also be provided with equipment.

Funding decisions will be made by a small undisclosed committee that is separate from the SWAT board and has been established to keep all applications confidential.

## **Application Requirements:**

- Must be a member in good standing (i.e. no unpaid fees/disciplinary action)
- Demonstrate a willingness to take on additional volunteer responsibilities (see applicable section)
- Submit fully completed application form by July 1<sup>st</sup> at 11:59 PM to <a href="mailto:swat.communityfund@gmail.com">swat.communityfund@gmail.com</a>
- Be available for a post-application discussion on the information submitted through this application

Applicant Information								
Full Name:	First	Last		Date:				
Address:								
	Street Address				Apartment/Unit #			
	City			Province	Postal Code			
Phone:			Email					
Player Information								
Player Name		Player's Date of Birth (DD/MM/YYYY)	Player Category (U7, U9, U11 or U13)	EFHL or Rec League? (applicable to U9, U11 and U13 programs)	Does this player require equipment?			

## Volunteer Commitment

SVVA I Hockey's exis	sting volunteer policy can be foul	nd here: SWAT Volunteer Policy	
Are you willing to vo	lunteer your time over and above	e the mandatory volunteer require	ements? Yes/No
If no, please provide	an explanation:		
	•		
If yes, please let us Board Member, etc.)		sociation (Head Coach, Manager,	Additional volunteer hours,
Please tell us about	your family's previous volunteer	experience:	
	Outsi	de Funding Options	
	Are you aware of these outside funding programs?	Have you ever applied for this program (for any sport)?	If yes, were you approved?
<u>JumpStart</u>	Yes/No	Yes/No	Yes/No
KidSport	Yes/No	Yes/No	Yes/No
Lace 'Em Up :	Yes/No	Yes/No	Yes/No
	Add	itional Information	
Would your family be	able to pay the full registration fe	ee should funding not be provided	d?
Has your family incom	ne level been affected recently?	If so, how?	
What else can you tel	I us about your family situation?		
	Discla	aimer and Signature	
l certify that my ansv discuss questions re	vers are true and complete to to lating to this application form.	he best of my knowledge; I am	willing to be contacted to further
Signature:			Date: