

# **NMHA Hockey Access Fund (HAF) Application**

*All sections of this form must be completed. The NMHA Applicant is to complete sections 1 & 2*

*The Reference is to complete section 3*

## **1. Personal Information**

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*The 'Applicant' will be the Parent/Guardian who is completing this form*

NMHA Player Name: \_\_\_\_\_

Player Division: \_\_\_\_\_

## **2. Reason for Applying for Hockey Access Fund**

What is the maximum amount of your fees you can afford to pay? \_\_\_\_\_

What OTHER Grants have you applied for? \_\_\_\_\_

What type of fee do you need assistance with? (E.g., Equipment, Registration)

\_\_\_\_\_

What other sources of funding have you applied for?(list all and amounts)

\_\_\_\_\_  
\_\_\_\_\_

Please provide information about the circumstances that have led you to apply for the grant.  
You may attach an additional page if you need more space.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **3. Financial Verification Reference**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

I have knowledge of the financial needs of this family, and I verify that without financial aid from NMHA, this child would not be able to participate in hockey. I agree to take part in a brief telephone or email follow-up if required.

Reference Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_