

## **Application For Funding**Stix 'n Pix Hockey/Skating

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Must be between the ages of 5-14

Must be attending a Norfolk school

Family must demonstrate financial need of below 60,000 total family income.

What is Covered?

Fees association with participation in skating/hockey programs in Norfolk

son's/daughter's/guardian's participation in the program. Confidentially is guaranteed.

When to Apply?

Program begins September 2018

2018 Student Information:

Name:	Sex: M	F	_ Birthdate:	
Address:	Town:		Postal Code:	
Email:	Telephone :			-
Name of Parent or Guardian(1):				
Name of Parent or Guardian (2):				_
Funding will be determined by the number	of applicants. Fundir	ng may	y include registration and	tournament fees.
Demonstration of financial need: Application Assessment from CRA for the previous year disability statements, for each adult in the homeometric considered for the program. Not all applicate will be provided when the Chapter deems so regardless of the application being late, lost	and either the three nousehold. Househo tions will be accepte ufficient funds are a	e most lds of d. Gra vailab	recent pay stubs, or social recent pay stubs, or social acombined income below nts for the Stix'n Pix Skatile. The decision of the Cha	al assistance or w \$60,000.00 will be ing/Hockey program

\_\_ agree to an in person/ telephone interview to support reason for my