



# TOFC FINANCIAL ASSISTANCE APPLICATION

## Player Information

Name:

Date of birth:

Phone:

Address:

City:

Postal Code:

School Player Attends:

Public

Private

(circle)

## Other Sports Participation during past 12 months (including school):

Sport/Team/Club/Academy:

Annual Fees:

Sport/Team/Club/Academy:

Annual Fees:

Sport/Team/Club/Academy:

Annual Fees:

## Applicant Information

Applicant Name:

Address

Email Address:

City:

Postal Code:

Home Phone:

Cell Phone:

Relationship to Player:

No. of Dependents:

Current Employer:

## Co-applicant Information

Co-Applicant Name:

Address:

Email Address:

City:

Postal Code:

Home Phone:

Cell Phone:

Relationship to Player:

Current Employer:

## Other Grants/Assistance Applied for/Received

Funder:

Date of Application:

Amount Received:

Funder:

Date of Application:

Amount Received



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## TOTAL MONTHLY HOUSEHOLD INCOME

### Combined Monthly Household Income (after taxes)

Wage	\$
Canada Child Tax Benefit	\$
GST Rebate	\$
Child Support	\$
Employment Insurance	\$
Other (specify)	\$
<b>Total</b>	<b>\$</b>

### Monthly Expenses

#### *Household*

Rent	\$
Mortgage	\$
Heat/Hydro/Water	\$
Food	\$

#### *Transportation*

Fuel	\$
Car Payments	\$
Bus Passes	\$

#### *Other*

Telephone/Cell Phone	\$
Cable	\$
Loans/Credit Cards	\$
Insurance (House, Car, Life)	\$
Other (specify)	\$
<b>Total</b>	<b>\$</b>



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Provide any other information relevant to the application, including whether request for assistance is long term or short term:

I certify that all the information on this form is true and correct and that additional information may be necessary for approval of this application.

Signature of applicant:

Date:

Signature of co-applicant:

Date:

## REFERENCE

This section must be completed prior to submitting application form. See guidelines for more information.

Reference Name:

Address:

Email Address:

City:

Postal Code:

Home Phone:

Cell Phone:

Relationship to Applicant:

Signature of Reference:

Date:

Witness:

Date:



# TOFC FINANCIAL ASSISTANCE APPLICATION

## COMMITTEE/BOARD USE ONLY

Date Application Received:	
Committee/TOFC Board Approval: \$	Date of Approval:
Phase/Year of Assistance:	
TOFC Chair Signature:	Date:
TOFC Treasurer Signature:	Date:



# TOFC FINANCIAL ASSISTANCE APPLICATION

## APPLICATION GUIDELINES

### Consideration

- First time applicants may receive priority for grant funding
- Returning/long term applicants will be considered as funding permits
- Applications will be processed as funding permits
- Unsuccessful applicants will be notified as quickly as possible
- Priority will be given to applicants who have applied for other sources of grants and funding

### Guidelines

- Incomplete applications will be returned and only assessed once complete.
- The reference section must be completed. This reference acts as an objective third party who is familiar with the player and family situation.
- The reference cannot be a family member or an employee/contractor/volunteer of TOFC or a member of the TOFC board.
- Completed applications should be emailed to [gm@tofc.ca](mailto:gm@tofc.ca)
- Please allow a minimum of 30 days for review of the application.

### Privacy/Confidentiality

The request and the information provided on the request will only be disclosed the members of the TOFC board and financial staff. The total value of financial assistance awards may be made public, but names of all applicants will be held in confidence.

### Financial Assistance Distribution

The total number of awards and amount of financial assistance distributed will depend on availability of funds. It is strongly recommended that applicants pursue other means of financial assistance before submitting an application to TOFC.

Please keep a copy of the application for your records.