



Funding application Form

Applicant Information

Applicants Full Name _____

Address _____

City _____

Province _____

Postal Code _____

Email Address _____

Contact Number _____

Player Information

WSMHA Players Names _____

Date of Birth _____

House League or Rep _____

Financial Information

Tell us what assistance you are applying for, example - registration assistance

Click or tap here to enter text.

Why are you applying for Assistance? Describe the circumstances that have contributed to your current financial situation. Attach supporting documents please.

Click or tap here to enter text.

Current net family income _____ Number of people in family _____

As the applicant, by signing this application, certify that the information provided is accurate. I authorize the representatives of the Stouffville kids First Fund to verify and validate this information and the nature of my request by any means deemed applicable.

Signature of applicant _____ dated _____