



Request for Financial Assistance Form

DATE: _____

ATHLETE INFORMATION

Name: _____

Date of Birth (D/M/Y): _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

E-mail: _____

School: _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Email: _____



MAVERICK PROGRAM

Team/Program Age Group (i.e. 14U): _____

Team Gender: __Girls__Boys__Mixed

Team/Program Name: _____

TOTAL TEAM/PROGRAM FEES: \$ _____ + HST

****NOTE: Please upload/attach the invoice or receipt for this program.**

PLEASE INDICATE THE AMOUNT THAT YOU ARE REQUESTING: \$ _____

- If your application is approved, funds will be directly sent to you via an e-transfer.

Please indicate the email address that the e-transfer should be sent

to: _____

TOTAL HOUSEHOLD INCOME

Please check one: ___ One-parent household ___Two-parent household

Number of dependent children in your household? _____

Please indicate your **total** household income:

<input type="radio"/> Less than \$25,000	<input type="radio"/> Between \$25,000 and \$40,000	<input type="radio"/> \$40,001 to \$55,000	<input type="radio"/> \$55,001 to \$70,000	<input type="radio"/> \$70,001 to \$85,000	<input type="radio"/> \$85,001 to \$100,000	<input type="radio"/> More than \$100,000
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- Yes, I understand that I may be asked to provide proof of income (i.e. Tax Assessment, salary stubs, Child Tax Credit)

MAVERICK
YOUTH OPPORTUNITIES
FUND



FONDS
MAVERICK PERSPECTIVES
JEUNESSE

- I attest that the information included in this document is valid and accurate.
I understand that if it is not, I may be required to return the funds to the
Maverick Youth Opportunities Fund (MYOF).

Signature of Parent: _____ **Date** _____