

## **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:	<u> </u>
Email:	

## **MAVERICK PROGRAM**

Team/Prog	ram Age Group	(i.e. 14U):				
Team Gend	er:GirlsBo	oysMixed				
Team/Prog	ram Name:					
TOTAL TEAM	1/PROGRAM F	EES: \$			_ + HST	
**NOTE: Plea	se upload/atta	ch the invoice	or receipt for tl	his program.		
DI FACE INIDIO	SATE THE ANAOL	INIT THAT YOU	LARE REQUES	FINIC. Ć		
PLEASE INDIC	CATE THE AMOU	JNI IHAI YOU	ARE REQUES	I ING: \$		
o If yo	our application	is approved,	funds will be d	lirectly sent	to you via an	e-transfer.
Plea	ase indicate the	e email addre	ss that the e-tr	ansfer shou	ld be sent	
to:						
το						
TOTAL HOUS	SEHOLD INCOM	<u>1E</u>				
51 1 1						
Please check	one: One-	parent house	holdI wo-	parent house	enold	
Number of d	ependent child	lren in your h	ousehold?	<del></del>		
Please indica	ite your <b>total</b> h	ousehold inco	nme.			
o Less than \$25,000	Between \$25,000 and \$40,000	\$40,001 to \$55,000	\$55,001 to \$70,000	\$70,001 to \$85,000	O \$85,001 to \$100,000	More than \$100,000

Yes, I understand that I may be asked to provide proof of income (i.e.
 Tax Assessment, salary stubs, Child Tax Credit)



## **OPTIONAL**: DEMOGRAPHIC DATA

To help the Maverick Youth Opportunities Fund provide more appropriate and informed funding and programs to our community, please consider sharing your demographic data. The collection of this data is confidential and will not be attributed to any individual. Rather, it will be aggregated for internal program improvements and evaluation.

Plea	ase check all that apply:				
0	Newcomer to Canada	0	Francophone		Other:
0	Military Family	0	Person with a d	isabil	ity
Who	at is your racial identity:				
	<ul> <li>Black (African, Caril</li> </ul>	bbei	an, etc.)	0	Latine (Hispanic, etc.)
<ul> <li>Indigenous (Aboriginal, First</li> </ul>			First	0	Middle Eastern (Arab, Persian,
	Nations, Inuit, Méti	s, et	tc.)		Syrian, Egyptian, Iranian, etc)
	<ul> <li>East Asia (Chinese, Japanese, Korean, Taiwanese, etc.)</li> </ul>			0	White (European, etc)
	<ul> <li>South Asia (East Indian, Pakistani, Sri Lankan, Indo-Caribbean, etc.)</li> </ul>			0	I don't know
	<ul> <li>Southeast Asian (Fill Vietnamese, Cambo</li> </ul>			0	I prefer not to answer
	<ul> <li>I identify with anoth</li> </ul>	ner i	race category:		
	fly state why you would rerick Youth Opportuniti		=	consi	dered for financial assistance from the
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0	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).

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Signature of Parent:	Date
Signature of Farcit.	Batc