



Penticton Minor Hockey

Association

PO BOX 22115
Penticton Plaza RPO
Penticton, BC, V2A 8L1
www.pentictonminorhockey.com
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PMHA Hardship Fund Overview

The PMHA Hardship Fund was created in conjunction to provide opportunity to those under the age of 18 without adequate financial means, the ability to access funds allowing them to participate in organized hockey within the Penticton Minor Hockey Association.

PMHA believes in the power of team sports as important tools in helping set positive goals, create bonds, build community and learn valuable life skills.

We believe that any child with a desire to play and learn should be given the chance to play alongside their school friends or neighbours. One of our goals is to improve inclusion within the PMHA among financially challenged families by helping lower those financial barriers.

The fund will be supported through our Ice Rink Concession, team donations from left over team fees and from private donations.

In addition, PMHA will accept corporate and personal donations, as well as entertain sponsorship opportunities should the fit be appropriate. Lastly, where need exists, PMHA may contribute additional operating funds toward the Hardship Fund.

Grants will be disbursed up to a maximum of \$625 per application based on each case's individual needs. All applications and collateral financial information will be review in confidence by an appointed panel of three or more including the Registrar, the Treasurer, and the President (or delegate).

Award decisions will be made on a "needs" basis and will rest solely with the appointed panel. Their decision will be final.

Funding Criteria

- Application for funding will be considered only if **access (or lack of access) to these funds** is the primary determinant for a child's inclusion to play hockey within the PMHA.
- As a pre-requisite for HF support, applicants must first apply to other alternate sport funding sources such as Kidsport. The Registrar can supply applicants with a contact list for alternate funding organizations. Applicants must provide proof of application if required.
- Funding is only available to be applied toward a child's (under 18 years of age) participation in a PMHA programmed hockey related activity (i.e. Registration fees, certain PMHA Hockey Camps or clinics, Rep Fees on a case by case basis, etc.). Only registration costs will be covered. The HF cannot be applied toward rep hockey related travel costs, team fees, tournament fees or any other cost unrelated to registration.
- Grants amounts will be solely decided by the appointed PMHA HF panel, whose decision regarding recipients and values of awards will be final.
- The primary determinant for funding will be the social and economic barriers facing a potential hockey athlete's family. The greater the demonstrable need for support the more viable the application in terms of approval.
- Only one application per child will be accepted in a calendar year. However, more than one application can be submitted per family.
- Applications must be submitted on behalf of the child by the parent or appointed guardian of the child.
- First time applicants will typically receive priority in the review process, as the Hardship Fund is intended to support as many unique individuals as possible.
- Returning applicants will also be considered, but only as available funding permits.
- Processing of applications from the date of submission is 3-6 weeks and will generally be reviewed in order of submission to PMHA.
- Applications must be submitted in fully completed form (including all supporting information required) prior to the beginning of the hockey season (August 31) for which the application was submitted. It is the SOLE responsibility of the parent or guardian to ensure the process is followed and pertinent information submitted. The panel will contact the family to clarify information, but NOT to request information that has been excluded from the submission package.
- Application for funding may be submitted to PMHA in addition to applications made to other sport funding organizations. Full disclosure and transparency is mandatory when combining funding sources.

Email your completed application form to:
pentictonmha@gmail.com

The Process

1. The PMHA requires an application to be completed for each child requiring financial support. The application will contain the basic completed application along with a cover letter from the applicant explaining the reason(s) the child wishes to play hockey at PMHA, as well as why they need our support to make it happen.
2. The PMHA will require corroboration by a third-party reference, confirming the family's financial situation and the social and economic barriers preventing the child from participating in PMHA hockey. This portion of the process is **the most important step** in allowing the HF committee to verify need by way of an objective third-party familiar with the child's family.
3. A suitable reference is:
 - ✓ A professional in social work, family services, school counsellor, school principal, senior recreation administrator, accountant, law enforcement officer, registered physician or psychologist, priest or pastor.
 - ✓ References other than those listed above, may be considered if a written letter from the potential reference explaining their relationship to the family and their explanation outlining the basis of the financial need of the family accompanies the submitted application.
 - ✓ References can NOT be associated with the PMHA in any official or volunteer capacity or be a family member.
4. The completed application package is to be sent (electronically or by mail) to the PMHA Registrar, in confidence, for submission to the HF panel, who will review the package at their next review meeting.
5. Upon review, the HF panel will determine if they need more information or require further clarity on the submission.
6. Upon satisfactory review, the panel will
 - a. Approve or reject the application
 - b. If approved, determine the amount of the funding grant.
7. Once approval is given, payment for the approved amount will be credited to the child's fees.

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PMHA Hardship Fund (HF) Application

Hardship Fund (HF) Application Guidelines To be eligible for fee assistance, you must:

1. Be applying for a player under the age of 18
2. Have already applied for, and if required, provide proof of application for other sources of funding such as KidSport, Jumpstart, The Big Play, Athletic for Kids, etc.
3. Provide a qualified reference who can verify that without a PMHA's assistance with the fee the participant would not be able to take part in hockey, and
4. Use the PMHA Hockey Access Fund application form.

Financial Verification Reference

The Reference verifies that without PMHA assistance, the PMHA player would not be able to participate in hockey. The Reference acts as an objective third party who is familiar with the player's family and is in a professional position to assess the social and economic barriers facing the family.

A Reference may be a professional in social work or family services, a school principal or counsellor, an accountant, banker, law enforcement officer, a registered physician or nurse, or a priest or pastor.

A Reference, other than those listed, may be considered if a written letter from the potential Reference, outlining the financial need of the family, is included with the application. References cannot be associated with PMHA and cannot be an immediate or extended family member of the applicant.

Privacy / Confidentiality

PMHA respects your privacy. We never sell, trade or loan your information to any other organization. Information provided in this application is being collected for the purpose of administering the PMHA Hardship Fund and will only be accessed by PMHA HF Committee Members.

Email your completed application form to: [**pentictonmha@gmail.com**](mailto:pentictonmha@gmail.com)

PMHA Hardship Fund (HF) Application

All sections of this form must be completed

The PMHA Applicant is to complete sections 1 & 2

The Reference is to complete section 3

Please see Hockey Access Fund Application Guidelines for more detailed information

1. Personal Information

Applicant Name: _____ Phone #: _____ Date: _____

The 'Applicant' will be the Parent/Guardian who is completing this form

PMHA Player Name: _____ Player Division: _____

2. Reason for Applying for Hockey Access Fund

The PMHA Hardship Fund was created to support to PMHA players to access funds, allowing them to participate in organized hockey within the PMHA.

What is the maximum amount of your fees you can afford to pay? _____

What amount are you requesting from the HF? _____

What type of fee do you need assistance with? (E.g., Registration, camps, clinics) _____

What other sources of funding have you applied for? (list all) _____

Please provide information about the circumstances that have led you to apply for the HF. You may attach an additional page if you need more space.

3. Financial Verification Reference

**This section must be completed by the Reference prior to submitting application form. Please see guidelines for full details.*

First Name: _____ Last Name: _____

Position: _____ Organization: _____

Address: _____

City: _____ Postal Code: _____

Phone: (h) _____ (w) _____ (m) _____

Email: _____

I have thoroughly read and understand the guidelines of the PMHA Hardship Fund and agree that this applicant meets the guidelines. I have knowledge of the financial needs of this family and I verify that without financial assistance from PMHA, this child would not be able to participate in hockey. I agree to participate in a brief telephone or email follow-up if required.

Reference Signature: _____

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