



NORWOOD Minor Hockey

Minor hockey costs are growing every year and it is important for our members to feel comfortable coming forward if they need help. **This information is always held in confidence.** NDMS wants everyone to have the opportunity to enjoy the sport of hockey. Should financial circumstances become a barrier for a child's involvement, the Legacy Fund and the James Simpson Registration Assistance Program are opportunities to try to provide support to local families. This applies to both house league and rep league individuals.

Eligibility

Legacy Fund & the James Simpson Registration Assistance Program:

- All requests can only be made for players 5-17 years old
- Must reside in the boundaries of Norwood Minor Hockey and indicate Norwood as your Home Center
- All required documents must be completed and received in full to be considered
- Applications must be received by the Early-Bird Registration cut-off date (July 15, 2024)
- Each individual grant will be at the discretion of the executive committee members, fund total for all applicants is determined annually by the executive committee
- Financial assistance will vary on a case by case basis
- Families are permitted only one application per calendar year
- Funding is available for different members of the same family during the same season
- Funding approval is dependent on the situation of each child and will be determined by the executive committee members

NDMS requires a family to apply for Canadian Tire Jump Start Program and the Minor Hockey Foundation of Ontario subsidy program prior to asking for financial assistance through the Legacy Fund & the James Simpson Registration Assistance Program.

NDMS executive members will review all applications and the Treasurer will contact the applicant to confirm if their request has been approved.

How to Apply

All applications must be submitted to NDMS, prior to the Early-bird Registration cut of date (July 15, 2024). Review of application may take up to 3-4 weeks.

Required:

1. One page letter outlining your request and why the assistance is required.
2. Sign application and submit by e-mail to NDMS Treasurer, Liz Hilts, at Email: ndmstreasurer@gmail.com



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Legacy Fund & James Simpson Registration Assistance Program Application

Parent/Guardian Name: _____

Player Name: _____

Address: _____

City: _____

Postal Code: _____

Phone(H): _____

Phone(C): _____

E-mail: _____

Player Birth Date (YYYY-MM-DD): _____

Donation Request (\$): _____

I hereby declare that the information provided in this application is true and correct. I also understand that any willful dishonesty may render for refusal of this application.

Signature of Parent/Guardian: _____

Date: _____

Documents to include in your application:

- One page letter outlining request
- Sign application and submit by e-mail to NDMS Treasurer, Liz Hilts, at Email: ndmstreasurer@gmail.com