



R & R Memorial Foundation
Box 2525, Whitecourt, Alberta, T7S 2A1

Hockey Grant Application for 2019

Please complete each section of this application. Leaving a section incomplete will render your application unavailable for assessment. If a section is not applicable, simply indicate N/A in the field provided.

Parent or Guardian Information

Last Name _____

First Name _____

Current Address _____

City _____

Province _____

Postal Code _____

Permanent Address (if different)

Contact (phone) _____

Contact (email) _____

Relationship to child for whom you are applying. _____



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Grant Recipient (child) Information

Last name _____

First Name _____

Current Address (if different than
above) _____

Date of birth _____/_____/_____ (MONTH/DAY/YEAR)

____ Male or ____ Female

Favourite hockey team? _____

All applications are strictly confidential and will be reviewed by Tracy Stark. You will receive an email regarding your application shortly.