



APPLICATION FORM

PRO HOCKEY X HOCKEY EQUALITY
PLAYER ASSIST GRANT PROGRAM



REFERRAL

President / Staff Member / Coach Name:

Date :

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D	D	M	M	Y	Y	Y	Y

Signature : _____

PLAYER INFORMATION

Full Name :

Grant Amount :

Funding Due :

Program :

Program Date :

Full Address :

Date Of Birth :

D D M M Y Y

City / Country :

Nationality :

Ethnicity :

E-Mail :

Player level : Elite AAA

Gender : Male Female

Referral from a coach or staff member of Pro Hockey Development group is required to be eligible for this assist grant. If you do not have a referral person your application will not be accepted.

If you are an equity deserving person who is non-BIPOC or female please submit a Declaration of Income Letter or Statement of Financial Need Letter with your application.

More Information contact Hockey Equality

3552 Victoria Park Ave. Scarborough, ON
647-632-8669 (Office) / support@hockeyequality.org
www.hockeyequality.org

Signature Of Applicant

THANK YOU FOR YOUR APPLICATION