Thompson Okanagan Soccer Academy FINANCIAL ASSISTANCE APPLICATION

Player Information	
Name:	
Date of birth:	Phone:
Address:	
City:	Postal Code:
School Player Attends:	Public Private (circle)

Other Sports Participation during past 12 months (including school):	
Sport/Team/Club/Academy:	Annual Fees:
Sport/Team/Club/Academy:	Annual Fees:
Sport/Team/Club/Academy:	Annual Fees:

Applicant Information	
Applicant Name:	
Address	Email Address:
City:	Postal Code:
Home Phone:	Cell Phone:
Relationship to Player:	No. of Dependants:
Current Employer:	

Co-applicant Information	
Co-Applicant Name:	
Address:	Email Address:
City:	Postal Code:
Home Phone:	Cell Phone:
Relationship to Player:	
Current Employer:	

Other Grants/Assistance Applied for/Received	
Funder:	
Date of Application:	Amount Received:
Funder:	
Date of Application:	Amount Received

TOSA FINANCIAL ASSISTANCE APPLICATION

TOTAL MONTHLY HOUSEHOLD INCOME

Combined <u>Monthly</u> Household Income (after taxes)	
Wage	$
Canada Child Tax Benefit	$
GST Rebate	$
Child Support	$
Employment Insurance	$
Other (specify)	$
Total	**$**
<u>Monthly</u> Expenses	
Household	
Rent	$
Mortgage	$
Heat/Hydro/Water	$
Food	$
Transportation	
Fuel	$
Car Payments	$
Bus Passes	$
Other	
Telephone/Cell Phone	$
Cable	$
Loans/Credit Cards	$
Insurance (House, Car, Life)	$
Other (specity)	$
Total	**$**

TOSA FINANCIAL ASSISTANCE APPLICATION

Provide any other information relevant to the application:
I certify that all the information on this form is true and correct and that additional information may be necessary for approval of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

REFERENCE

This section must be completed prior to submitting application form. See guidelines for more information.

Reference Name:	
Address:	**Email Address:**
City:	**Postal Code:**
Home Phone:	**Cell Phone:**
Relationship to Applicant:	
Signature of Reference:	**Date:**
Witness:	**Date:**

TOSA FINANCIAL ASSISTANCE APPLICATION

ACADEMY USE ONLY

Date Application Received:	
TOSA approval $	**Date of Approval:**
Phase/Year of Assistance:	
TOSA signature:	**Date:**
TOSA Signature:	**Date:**

TOSA FINANCIAL ASSISTANCE APPLICATION

APPLICATION GUIDELINES

Consideration

- First time applicants may receive priority for grant funding
- Returning/long term applicants will be considered as funding permits
- Applications will be processed as funding permits
- Unsuccessful applicants will be notified as quickly as possible
- Priority will be given to applicants who have applied for other sources of grants and funding

Guidelines

- Incomplete applications will be returned and only assessed once complete.
- The reference section must be completed. This reference acts as an objective third party who is familiar with the player and family situation.
- The reference cannot be a family member or an employee/contractor/volunteer of TOSA
- Completed applications should be mailed to TOSA PO Box 894, Vernon, BC BC V1T 6M8 or emailed to kai@tosa.soccer
- Please allow a minimum of 30 days for review of the application.

Privacy/Confidentiality

The request and the information provided on the request will only be disclosed to TOSA principals.

Financial Assistance Distribution The total number of awards and amount of financial assistance distributed will depend on availability of funds. It is strongly recommended that applicants pursue other means of financial assistance as well as submitting an application to Thompson Okanagan Soccer Academy.

Please keep a copy of the application for your records.