



Brantford City Soccer Club
 36 Charing Cross Street
 Brantford, ON N3R 2H2
 Phone: (519) 759-6963 Fax: (519) 759-3508



HUGH COLEMAN REP FUND APPLICATION

DATE FILED: _____

PLAYER INFORMATION

PLEASE PRINT CLEARLY

| | | |
|------------------|----------------------|--------------------|
| Last Name: _____ | Given Name(s): _____ | |
| Address: _____ | City: _____ | Postal Code: _____ |
| Phone #: _____ | Birthdate: _____ | Male/Female: _____ |
| Division: _____ | Coach's Name: _____ | |

PARENT OR GUARDIAN INFORMATION

| | | |
|-------------------------------|---------------------|--------------------|
| Parent/Guardian: _____ | | |
| Address: _____ | City: _____ | Postal Code: _____ |
| Phone #: _____ | Work Phone #: _____ | |
| Reason for Application: _____ | | |
| | | |
| | | |

ELIGIBILITY

YOU MUST APPLY TO THE ARNOLD ANDERSON KIDSPORT FUND BEFORE APPLYING TO THE HUGH COLEMAN REP FUND.

If you have been accepted by the Arnold Anderson Kidsport Fund, you may skip the Income Verification process.

IF DENIED BY ARNOLD ANDERSON KIDSPORT FUND:

A VERIFICATION OF THE FAMILY'S INCOME MUST BE INCLUDED BEFORE THE APPLICATION IS CONSIDERED.

You must attach a copy of the Personal Income Tax Notice of Assessment, from the most recent taxation year and all paystubs for the prior 4 months, for ALL adults living in the home (18 years of age and older).

Family Income: _____ (for committee use-do not fill in)

- * 1 Child Max Income \$23,000
- * 2 Children Max Income \$27,000
- * 3 Children Max Income \$32,000
- * 4 Children Max Income \$36,500

ENDORSEMENT

AN ENDORSEMENT BY THE APPLICANT'S HEAD COACH, REGARDING THEIR KNOWLEDGE OF THE FAMILY'S NEED FOR THIS FINANCIAL ASSISTANCE **MUST BE INCLUDED.**

To verify this endorsement, I agree to participate in a telephone interview, if required.

Name: _____

Phone #: _____

Team: _____

Title: _____

Date: _____

Signature: _____

(MUST BE PRINTED BEFORE SIGNING)

**NOTE: APPLICANTS MUST READ AND ACCEPT THE FOLLOWING DISCLAIMER
(SIGNATURE REQUIRED)**

All applicants must agree that the decisions made by the Directors of the Hugh Coleman Rep Fund are discretionary and final, and that no appeal exists from any decision to accept or deny the application.

Further, it must be understood and agreed that the Participation Agreement signed during registration remains in place with or without the funding being granted.

I will permit the Directors of the Hugh Coleman Rep Fund to receive any further information they think is necessary to support this application.

Signature of Parent/Guardian: _____

Date: _____

******NOTE****Incomplete applications will not be considered.**

Completed forms are to be returned to: Hugh Coleman Rep Fund, c/o Brantford City Soccer Club
36 Charing Cross St., Brantford, ON. N3R 2H2

APPLICATION COMMITTEE DECISION: APPROVED _____ DENIED _____

CURRENT FUNDING AMOUNT: _____

APPLICANT NOTIFIED: PHONE: _____ EMAIL: _____

COMMITTEE SIGNATURE: _____

COMMENTS: _____
