



## GIRLS HOCKEY CALGARY ASSOCIATION (GHC)

East Calgary Twin Arenas  
299 Erin Woods Drive SE  
Calgary, Alberta T2B2V9  
Tel: (403) 278-9223  
Fax (403) 278-9230

### **GHC Elite Program Financial Sponsorship**

Girls Hockey Calgary is pleased to announce a financial sponsorship program, available to qualified female elite athletes. The program, supported by the **Rawlyk Family Foundation**, is designed to assist those elite players with both the desire and potential to compete at the post-secondary level, but who are unable to participate due to personal financial restrictions.

Criteria for selection of successful applicants:

- 1) Financial need
- 2) Academic standing
- 3) Hockey ability (successful player, or “A” division player with potential to play at the elite level)
- 4) Sportsmanship and/or community participation/service
- 5) Eligibility – currently registered or intending to register with Girls Hockey Calgary in Bantam or Midget.

Successful applicants will be selected by an Elite Sponsorship Committee that includes:

- 1) Dave and Susan Rawlyk
- 2) President of Girls Hockey Calgary
- 3) Member of the Elite Committee of the Girls Hockey Calgary Board of Directors

The number and value of GHC Elite Program Financial Sponsorships to be awarded will be determined by the Elite Sponsorship Committee. GHC reserves the right to expand, limit, or cancel this program at any time.

Interested parties must submit the attached Sponsorship Application form to the Girls Hockey Calgary office.

All information provided as part of the application process will be held in the strictest confidence and successful applicants will not be publicized in any way.

Please mail application to:

**Elite Sponsorship Committee**  
**Girls Hockey Calgary**  
**299 Erinwoods Drive SE**  
**Calgary, AB**  
**T2B 2V9**



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### GHC Elite Financial Sponsorship Application Form

Application forms are accepted year-round and are reviewed quarterly.  
Please complete all parts of the form.  
Please print.

#### PERSONAL INFORMATION

1. PLAYER NAME: \_\_\_\_\_

2. PLAYER DATE OF BIRTH (DD/MM/YYYY): \_\_ / \_\_ / \_\_\_\_

3. NAME OF PARENT(S) or LEGAL GUARDIAN(S)

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

4. HOME ADDRESS (MAILING)

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

5. PHONE NUMBER

Home: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_\_

Cell: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_\_

6. EMAIL ADDRESS: \_\_\_\_\_



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### EDUCATION

7. SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

8. GRADE CURRENTLY ENROLLED IN: \_\_\_\_\_

### HOCKEY INFORMATION

9. YEARS PLAYING HOCKEY: \_\_\_\_\_

10. CURRENT AND/OR MOST RECENT TEAM: \_\_\_\_\_

11. WHAT ARE YOUR FUTURE HOCKEY PLANS? \_\_\_\_\_

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### ADDITIONAL INFORMATION

12. List any examples of exemplary sportsmanship and/or contributions you have made to GHC, and/or your school and/or community: \_\_\_\_\_

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**FINANCIAL INFORMATION (to be completed by Parent or Legal Guardian)**

13. Please check one:

- Single Parent Family
- Two Parent Family

14. Do any of the following situations pertain to the player:

- Resides with a legal guardian.
- Resides with foster parent.
- Receives social assistance?

15. How many children under the age of 17 (including the player) in your care are residing at the address above?

16. Please check one category below which best indicates your total household income:

- Below \$25,000/year
- \$25,000 - \$35,000/year
- \$35,000 - \$45,000/year
- Above \$45,000/year  (Please state amount: \$\_\_\_\_\_)

17. Have you applied for any other "hockey related" financial assistance from other organizations for the current hockey season (i.e. Kidsport, Jumpstart, etc.)? If so, please list details: \_\_\_\_\_

\_\_\_\_\_

18. Please provide a brief explanation as to why your player is seeking financial assistance in order to pursue their hockey goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### REFERENCES

1. Teacher

- a. Name: \_\_\_\_\_
- b. Email address: \_\_\_\_\_
- c. Phone: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_\_

2. Coach

- a. Name: \_\_\_\_\_
- b. Email address: \_\_\_\_\_
- c. Phone: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_\_

3. Other

- a. Name: \_\_\_\_\_
- b. Email address: \_\_\_\_\_
- c. Phone: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_\_

### ATTACHMENTS

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

1. One page essay written by the player on why playing hockey is important to them and their future goals.
2. A copy of your most recent report card or transcript.
3. Copies of CCRA "Notice of Assessment" for most recent taxation year for parent(s) and/or legal guardian(s).
4. Any additional information you feel will assist the selection committee when considering your application. (Please attach them to this application in the form of a personal letter.)



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### ACKNOWLEDGEMENT

I AGREE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.

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PLAYER SIGNATURE

DATE (DD/MM/YYYY)

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PARENT OR GUARDIAN SIGNATURE

DATE (DD/MM/YYYY)