



## Don Mills Mustangs GTHL **FINANCIAL ASSISTANCE PROGRAM**

### I. Objective

It is the desire of the Don Mills Mustangs (DMM) GTHL Club that, whenever possible, hockey be made affordable for all interested youth in the Don Mills community. In keeping with this mission, it is the objective of DMM to award financial assistance to those families in the most need. This program will seek to relieve some associated hockey costs for those who qualify, the exact award to be determined by the DMM GTHL Hockey Executive. The amount may not cover the entire associated costs of the hockey season.

As the amount of financial assistance that may be offered for each season is limited, the guidelines below will be used to make the most appropriate decisions regarding disbursement of funds. Questions may be directed to the current DMM GTHL Club Manager via email at [donmillsmustangs@outlook.com](mailto:donmillsmustangs@outlook.com).

### II. Guidelines

- Any information related to the financial assistance request, including the application, supporting documents, and approval, modification or denial of the application, are to be kept confidential. The information will ONLY be viewed by the members of the GTHL Hockey Executive. Supporting documents will be destroyed once a decision has been made regarding the application.
- Financial assistance will be awarded on a first-come, first-served basis, based on need and available funds. As such, it is advised that, whenever possible, applications be submitted upon acceptance of a roster spot on a DMM GTHL team.
- Approval for financial assistance will be based on, but not limited to, the written statement of family hardship (one page).
- The Committee will determine financial assistance approval (including the amount) or denial, and will provide Applicant with a response in a timely manner following receipt of the application and supporting documents.

### III. Applicant Requirements

- Applicant must complete and submit the DMM Application for Financial Assistance, along with photocopies of pay stub(s) and a personal, written statement of family hardship (not to exceed one page in length).
- Applicant is responsible for, and is required to pay all GTHL, and Team fees directly. If need be, this can be paid in installments.
- Applicant is responsible for the additional fees that are associated with rep hockey and incurred during the season.
- The applicant will be asked to participate, if they are able to do so, in all of the fundraisers that the association holds.
- Failure to comply with any of these requirements will result in possible ineligibility for future DMM financial assistance.

Thank you,  
*DMM Hockey Executive*

**DON MILLS MUSTANGS GTHL HOCKEY CLUB  
APPLICATION FOR FINANCIAL ASSISTANCE**

Applicant (individual requesting financial assistance): \_\_\_\_\_

Relationship to Player(s):  Father  Mother  Legal Guardian  Other: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow(er)

Total # in Household: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NET MONTHLY COMBINED INCOME: \$ \_\_\_\_\_ (include recent pay stub for each parent/guardian).

List the name and date of birth of each player for whom you are requesting financial assistance:

| Name | Age | Date of Birth |
|------|-----|---------------|
|      |     |               |
|      |     |               |
|      |     |               |

I have read, understood, and agree to comply with requirements outlined in in Financial Assistance Program.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Email completed **application**, written **statement of family hardship and** photocopies of **pay stub(s)**, to [donmillsmustangs@outlook.com](mailto:donmillsmustangs@outlook.com) (with Subject: Financial Assistance program), or hand deliver.

