A blue and white logo

Description automatically generated with low confidence 1127 Bancroft Drive ~ Minnow Lake Place



Sudbury, Ontario P3B 1R6

[smha@sudburyminorhockey.ca](mailto:smha@sudburyminorhockey.ca)

*SUDBURY MINOR HOCKEY ASSOCIATION*

*“Keeping players on ice and out of hot water”*

**JORDAN FRAM FUND**

**APPLICATION FOR FINANCIAL ASSISTANCE**

In order to help remove financial barriers to participation in hockey programs, Sudbury Minor Hockey Association administers funds intended for use by families in financial need.

Applications for financial assistance are reviewed by the Fram Fund committee of the SMHA board and recommendations for assistance are subject to board approval. The number of applications approved and the financial contributions to each applicant are determined by the number of applications received as well as the available revenues each year.

**To apply for the Fram Fund, please complete the section below and include a brief statement supporting the request. Applicants may be contacted if further information is required.**

Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the player previously applied for financial assistance at SMHA?  Yes No

Is the player receiving any other financial support for hockey activities? Yes No

Has the player applied for financial support from any other sources? Yes No

I certify the information provided is accurate and that the application is being made as the result of genuine financial need.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature Date

Please submit completed applications to [registrar@sudburyminorhockey.ca](mailto:registrar@sudburyminorhockey.ca) and to [smha@sudburyminorhockey.ca](mailto:smha@sudburyminorhockey.ca) **no later than October 8:00pm Sunday, October 9th, 2022**