

# CR KNIGHTS ASSISTANCE PROGRAM

Through fundraising efforts, funds have been made available to provide some families with financial assistance. This program is set up to assist in paying for your child's registration. If you feel like your family or a friend could use help, please fill out this application form and email it to [bursary@crknights.ca](mailto:bursary@crknights.ca). These applications will be kept confidential and if you qualify, you will be contacted by the association.

## APPLICATION

First and Last Name:

Address:

Postal Code:

Phone Number:

Email:

*\*\*\* Please provide both email and phone number so we can contact you regarding your application.*

## FAMILY INFORMATION

Must include your partner and all children under 18 years old. For those children who play hockey, and you are requiring assistance, please make sure you state Yes in the final column.

<i>First Name</i>	<i>Last Name</i>	<i>Relationship to applicant (spouse/daughter/son)</i>	<i>Birthday dd/mm/yr</i>	<i>Assistance (Yes/No)</i>

*\* If you require more room, use the back page of this form under the Statement section.*

Email your application to [bursary@crknights.ca](mailto:bursary@crknights.ca)

## Statement

In a paragraph, please explain why you feel your family should be the recipient of these funds.

Email your application to [bursary@crknights.ca](mailto:bursary@crknights.ca)