

GUIDELINES FOR FUNDING

(revised September 2023)



Guidelines are subject to change by the Board of Directors.

1. How does Breakaway Foundation determine eligibility for Breakaway Foundation funding? Breakaway Foundation™ considers the social and economic barriers facing the player's family when determining eligibility for Breakaway Foundation funding.

2. If the application meets the eligibility criteria, does this guarantee that the player will receive the requested funding? No. Funds will be awarded based on funding availability.

3. What is covered under Breakaway Foundation funding? The Breakaway Foundation funding covers minor hockey registration fees for Minor Hockey.

4. What ages are covered under Breakaway Foundation funding? Players who are 18 years of age and under qualify for Breakaway Foundation funding.

5. Does the player have to be a resident of the province to qualify for Breakaway Foundation funding? Yes. The player has to be a resident of Newfoundland and Labrador and registered with Hockey Newfoundland and Labrador to qualify for funding.

6. What is the maximum amount of funding available? A player can receive up to a maximum of their Minor Hockey Registration.

7. Will Breakaway Foundation accept applications for personal sport equipment only? No. Breakaway Foundation™ will not fund applications for personal sports equipment.

8. What is the deadline for applications? January 12, 2024

9. Who must make the request for Breakaway Foundation funding on behalf of the player? An application must be initiated by an adult sponsor (e.g. parent, guardian). Support is required from a non-family member community reference (e.g. teacher, guidance counsellor, social worker, family physician, police officer, clergy, etc)

10. What financial information to I provide? Proof of total family income must accompany application form. You must include A, B or C:

A. Proof of total family income: Tax Return Summary or Notice of Assessment from Canada Revenue Agency (call 1-800-959-8281 if you do not have a copy);

B. Proof of Income Support: Authorization from the Department of Human Resources (for office locations visit www.aesl.gov.nl.ca/income-support) ; or

C. Provide a cheque stub of your families most recent Income Support payment.

11. Who is required to sign off on the application? Sign off is required from all of the following: A. the parent/guardian B. the player's community support reference and C. the local Minor Hockey Association (MHA) president (and if applicable MHA funding liaison person)

12. Where should the application be submitted? Applications must be submitted to the Breakaway Foundation mailing address as given on the form. The application must be submitted by the MHA.

13. When will applications be processed? Applications will be processed regularly throughout the year as they are received. **Only completed applications will be processed.** There are no specific timelines/deadlines as to when applications are reviewed.

14. Who receives notification of the status of the application, and when? As soon as a decision is made, an email/letter of notification will be sent to the adult sponsor. A letter of notification will also be sent to the MHA specified on the application and funds supplied directly to them.

15. What are the funding arrangements? Funds for the Minor Hockey registration will be issued directly to the MHA specified on the application.

16. What procedure should be followed if the player decides to withdraw from Minor Hockey? The parent, guardian, or MHA must notify the Breakaway Foundation if the player withdraws from minor hockey. The application review process will cease and/or any fund given should be returned to Breakaway Foundation

17. Once the funding has been issued, can any portion of the funding be transferred to someone else? No. The funding must be used for the player for whom it was approved.

18. If a player has already received funding from another source for Minor Hockey Registration, is it possible for the player to still receive Breakaway Foundation funding? Yes. It is possible for a player to receive Breakaway Foundation funding hockey registration even if the player has already received funding from another source. This happens in cases where the player is not able to obtain full funding for minor hockey from one source only. For example, if the registration for hockey is \$400, and the player has received \$300 from another funding agency, the player can apply for the \$100 outstanding amount from Breakaway Foundation

APPLICATION FORM

2023—2024 Hockey Season



1. Please Print. Complete Sections 1-5.
2. Please ensure all 3 signatures are obtained (Parent, Reference & Minor Hockey President)
3. Incomplete Applications will not be processed and be returned to MHA

SECTION 1 APPLICANT INFORMATION

Child's Name: _____ Date of Birth: _____ Gender: M F

Address: _____

Your Minor Hockey Association: _____

Address: _____

SECTION 2 PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: Same as Child's Different

If Different: Address: _____

Telephone No. _____ Email Address: _____

Has the child played hockey in previous season: Yes No

If YES what level (Novice, Atom, Peewee, etc.) _____

Has the child been approved by **Breakaway** for funding in previous years? Yes No

Has the child applied for other funding this hockey season (i.e. JumpStart, KidSport, etc) Yes No

If YES, Specify with whom _____

Amount requested \$ _____ Amount received \$ _____

Incomplete applications will not be processed

SECTION 3 FINANCIAL INFORMATION

What is your family's main source of income: (Please select all that apply):

- One Parent Working EI/Social Assistance Two Parents Working
 Worker's Compensation Sick Leave/Disability OTHER

Gross Annual Income:

- Less than \$15,000 \$15,000—29,999 \$30,000—40,000
 \$40,000—50,000 over \$50,000

Number of people living in the household _____ Number of children 18 & under _____

What is the amount of financial support being requested: \$ _____

Will you be applying for funds for additional child/children: Yes No

If **YES**, Please provide Names: _____

Note: Each child that is applying for funding is required to complete a separate Application.

PROOF OF INCOME

One of the following must accompany your application form:

- Proof of Total Family Income: Tax Return Summary or Notice of Assessment from Canada Revenue Agency (to obtain a copy please call 1-800-959-8281)
 Proof of Income Support: Authorization from the Department of Advanced Education, Skills and Labour (www.aesl.gov.nl.ca/income-support)

Department of AESL Stamp here

Department Official signature: _____

- Provide cheque stub of family's most recent Income Support Payment

Incomplete applications will not be processed

The Breakaway Foundation, PO Box 4004, Pearlgate PO, Mount Pearl, NL A1N 0A1

SECTION 4 REFERENCE INFORMATION

References should be obtained from a non-family member who is well known to the applicant and family, such as a teacher, guidance counsellor, social worker, family physician, community health worker, police officer, clergy, etc.

The Reference should be familiar with your family's financial situation and who can verify that your family requires financial assistance.

Reference Name: _____ Address: _____

Reference Occupation: _____ Telephone No.: _____

Email Address: _____

Name of Child Referencing: _____ Name of Parent: _____

Relationship to family or child: _____

How long have you known the family? _____

Additional information (optional)

Incomplete applications will not be processed

The Breakaway Foundation, PO Box 4004, Pearlgate PO, Mount Pearl, NL A1N 0A1

SECTION 5 AUTHORIZATIONS

PARENT AUTHORIZATION:

I hereby confirm that the information contained in sections 1, 2 and 3 of the within application was completed by myself and is true and correct and further confirm that financial assistance is required from the Breakaway Foundation Inc. in order for the child referred to in Section 1 of the within application to participate in Minor Hockey. I authorize the Breakaway Foundation Inc. to collect personal information for administrative purposes and as required for inclusion in their financial assistance program and further authorize my reference to release such information as may be in their possession to the Breakaway Foundation Inc. Such information will be kept confidential.

Parent Signature: _____ **(Please Print)** _____ **Date: (mon/day/yr)** ____/____/____

Proof of Income attached

REFERENCE AUTHORIZATION:

I hereby confirm that to the best of my knowledge, information and belief, the information contained in Section 4 of the within application is true and correct and further confirm that financial assistance is required from the Breakaway Foundation Inc. in order for the child referred to in Section 1 of the within application to participate in Minor Hockey.

Reference Signature: _____ **(Please Print)** _____ **Date: (mon/day/yr)** ____/____/____

MINOR HOCKEY ASSOCIATION AUTHORIZATION:

I hereby confirm that to the best of my knowledge, information and belief, the information contained within all sections of the application are true and correct and further confirm that financial assistance is required from the Breakaway Foundation Inc. in order for the child referred to in Section 1 of the within application to participate in Minor Hockey. I also hereby confirm that the child referred to in Section 1 of the within application is eligible to be registered and play minor hockey with the Association of which I am president and will provide confirmation of registration upon the request of Breakaway Foundation Inc.

Minor Hockey Registration Amount for this Child: _____

****All sections of this application are complete with attachments as required***

Minor Hockey President's Signature: _____ **(Please Print)** _____ **Date: (mon/day/yr)** ____/____/____

Telephone No: _____ **Email Address:** _____

***Name and number of local contact for follow-up if different from above:**

Name: _____

Telephone No: _____ **Email Address:** _____

Office Use only:

Date Received: _____ Date Reviewed: _____ Date Payment Issued: _____
Incomplete Approved: Rejected: Explain: _____

Incomplete applications will not be processed