



## **Ralph Pocock Fund Application Form**

*Please complete the application in full. Incomplete applications will not be considered. All information will be kept private and confidential. Return the completed application to [ralph.pocock.wmha@gmail.com](mailto:ralph.pocock.wmha@gmail.com) or mail it to:*

Wetaskiwin Minor Hockey Association  
c/o Ralph Pocock Fund  
Box 6481  
Wetaskiwin, AB  
T9A 2G2

Parent(s) Name(s):	
Child(ren) Name(s) and D.O.B.:	
Division for Upcoming Season:	
Home Address:	
Home Phone Number:	
Alternate Phone Number(s):	
Name of Employer:	
Total Household Income for the Past Year:	
Total Amount of Funding You are Requesting:	
Are you willing to fundraise to help pay your child's fees? YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>Please note that the Ralph Pocock Committee may determine what the fundraising requirements will be.</i>

*Please provide a letter outlining any mitigating circumstances and an explanation for why you are in need of funding. (i.e. extra or unplanned expenses, loss of employment, family illness, etc.)*

Date of Application:
Signature of Applicant: