NORTH SHORE FEMALE ICE HOCKEY ASSOCIATION PO Box 37055, Lonsdale RPO, North Vancouver, BC V7N 4M4 | www.northshoregirlshockey.com



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## **Legacy Fund Application**

The North Shore Female Ice Hockey Association ("NSFIHA") Legacy Fund provides financial assistance, scholarships and hockey development opportunities for NSFIHA players.

Applications are received and reviewed four times a year. Applications must be received by the following dates:

Application Deadline	Status Noti fication
June 30 <sup>th</sup>	August 15 <sup>th</sup>
September 30 <sup>th</sup>	November 15 <sup>th</sup>
December 31 <sup>st</sup>	February 15 <sup>th</sup>
March 31 <sup>st</sup>	May 15 <sup>th</sup>

Refer to the NSFIHA Legacy Fund Guidelines for additional information.

Please check the appropriate box below to indicate the type of funding requested:

Financial Assistance

Scholarship

Hockey Development

Date:				
	Month	Day	Year	
Name of Applicant:				•
			<b>–</b> , ,	
	Last		First	
Name of NSFIHA P	layer: (if different the	an applicant)		
	Last		First	
Contact Information:				
Phone				
	Home		Mobile	
Email				
Address				
	Otre et			
	Street			
	City		Province	Postal Code



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Reason for application. Pleas	e describe the reason the applicant is applying to the Legacy Fund.			
Amount of Funding Requested:				
	ance please provide support to demonstrate financial need (provide			
** If applying for a scholarship please provide a reference letter from a coach or teacher with your submission.				
Please provide any other inform	ation you feel would be helpful.			

I confirm that all information provided in this application is accurate.

Date	Signature