



# BBHAF Application Form

Please ensure you qualify under the criteria:

*The fund is available to any player, at any level of hockey, including (but not limited to) Minor Hockey, Junior, Major Junior, Professional, Semi-Professional, Senior or Minor levels, or a current U-Sport player, who can demonstrate a desire to continue their studies.*

*The 'Bob Boucher Hockey Assistance Fund' is diverse in scope and grants can also be applied for by a team or organization in several circumstances, (compassionate, educational, motivational) which are seen by the selection committee as promoting the experiences of players and or the game of hockey in general.*

Date of Application: \_\_\_\_\_

Name of individual or group/team: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Amount Required: \_\_\_\_\_

Have you applied to BBHAF before? \_\_\_\_\_

Please outline how you or your organization meets the fund criteria, explain how this need was created and describe how the money will be used. (a separate typed letter is acceptable)

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Submitted by: \_\_\_\_\_

*The Selection Committee will reply to your request as quickly as possible.*