GUIDELINES FOR FUNDING

(revised August 2022)

Guidelines are subject to change by the Board of Directors.

- 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.
- 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.
- 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.
- 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 13, 2023.
- 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 nonfamily 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

2022 - 2023 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 INFORMA	ATION					
Parent/Guardian Name:						
Address: Same as Child's \square Different \square						
If Different: Address:						
Telephone No Email	Address:					
Has the child played hockey in previous season: Yes \square No \square						
If YES what level (Novice, Atom, Peewee, etc.)						
Has the child been approved by Breakaway for funding in previous years? Yes \Box No \Box						
Has the child applied for other funding this hockey season (i.e. JumpStart, KidSport, etc) Yes \Box No \Box						
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 □ 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				

SECTION 4 REFERENCE INFORMATION	
-	member who is well known to the applicant and family, ker, family physician, community health worker, police
The Reference should be familiar with your family requires financial assistance.	's financial situation and who can verify that your family
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)	

SECTION 5 AUTHORIZATION PARENT AUTHORIZATION:	NS				
rect and further confirm that financial assist of the within application to participate in M	ance is require inor Hockey. I ion in their fin	ed from the Breakaw I authorize the Break ancial assistance pro	ay Foundation away Foundation gram and furth	on was completed by myself and is true and cor- Inc. in order for the child referred to in Section on Inc. to collect personal information for admir ther authorize my reference to release such infor- I be kept confidential.	1-
Parent Signature:		(Please Print)		Date: (mon/day/yr)	
Proof of Income attached					
REFERENCE AUTHORIZATION:					
·	nancial assista	ince is required from		ontained in Section 4 of the within application is y Foundation Inc. in order for the child referred t	
Reference Signature:	(Please	e Print)		Date: (mon/day/yr)	
				//	
true and correct and further confirm that fi in Section 1 of the within application to part	nancial assista icipate in Mind lay minor hock Foundation In unt for this	nnce is required from or Hockey. I also her key with the Association. S Child:	the Breakaway eby confirm th ion of which I a	ontained within all sections of the application ary Foundation Inc. in order for the child referred to at the child referred to in Section 1 of the within am president and will provide confirmation of	io
Minor Hockey President's Signat	ture:	(Please Print)		Date: (mon/day/yr)	
Telephone No:* Name and number of local con Name:	tact for fol	low-up if differ	: ent from al		
					_
Office Use only:					
Date Received:	Date Reviewe	ed:	Date F	Payment Issued:	
Incomplete \Box	Approved:	☐ Rejected	: 🗆 Ex	plain:	