

MAPLE LEAF CAVAN FC FINANCIAL ASSISTANCE  
APPLICATION



MAPLE LEAF - CAVAN FC

www.mlcfc.com

Scott Poser  
President  
705-868-1749

Angela Penello  
Vice President  
Club Administrator  
705-740-3830

Derek Brown  
Secretary

Nadine Stinson  
Treasurer

Connie Daniels  
Book Keeper

Amy Clarke  
Director of Operations  
House Leauge

Liz Shaughnessy-Rowe  
Director at Large REP

**Name and Address of Applicant**

Correspondence to be directed to this name and address.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_   
Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_

**Player(s) Information**

(use back of sheet if applying for more than one child)

Name \_\_\_\_\_  
DOB \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

HL Team Age Division \_\_\_\_\_

**Reason for Seeking Financial Assistance**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Amount Requested \$** \_\_\_\_\_

Would you be willing to be interviewed by the Financial Assistance Committee? \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Funds awarded to approved applications will be paid directly to MLCFC.**

c/o Finance Department  
P.O. Box 274,  
Millbrook, Ontario L0A 1G0

MLCFC will treat as confidential all information provided by families.

Access to this document is restricted to those individuals who are directly involved in the decision making process.

The identity of all players receiving financial aid will be held in confidence.