



**Hockey Newfoundland and Labrador**  
**APPLICATION FOR HIGH PERFORMANCE CLINIC FUNDING**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Email) \_\_\_\_\_

Home Association or League: \_\_\_\_\_

Team Presently Coaching: \_\_\_\_\_

Letter of endorsement attached from your Association or Team President? **YES**    **NO**

Brief financial outline of your project attached. **YES**    **NO**

Include where and when the course is being offered.

\_\_\_\_\_

\_\_\_\_\_

Describe any other means of funding you will access for this project. \_\_\_\_\_

\_\_\_\_\_

**General Funding Guidelines**

Applications are reviewed annually in September after the submission of applications and post event documents. To access funding, successful applicants must submit a brief report, including a breakdown of finances associated with the course. Funding will not be awarded for more than 50% of the total costs associated with a course. Applicants are encouraged to apply for other means of assistance. This funding is for NCCP High Performance Clinics only. Priority will be given in the following order for applications: Elite – Provincial Team – Development Teams – Grass Roots – Seniors (Over Canada Games Age). Applicants must be registered members in good standing with Hockey Newfoundland and Labrador. Funding will not be offered to full time, paid coaches.

*Incomplete applications will not be considered. Please insure all attachments are included.*

**OFFICE USE ONLY**

Date follow up report Received \_\_\_\_\_

**HOCKEY NEWFOUNDLAND AND LABRADOR**

32 Queensway, P.O. Box 176, Grand Falls-Windsor, NL A2A 2J4 Tel: (709) 489-5512, Fax: (709) 489-2273

E-Mail: [office@hockeynl.ca](mailto:office@hockeynl.ca) Internet: [www.hockeynl.ca](http://www.hockeynl.ca)

**Template for Association Letter and budget (Replace this line with Association Letterhead and complete this letter) Feel free to expand wherever necessary.**

Date \_\_\_\_\_

Hockey Newfoundland and Labrador  
c/o Executive Director  
PO Box 176  
Grand Falls-Windsor, NL  
A1A 2J4

To Whom it may concern:

Please accept this letter of support for \_\_\_\_\_. He/she will be attending \_\_\_\_\_ (Name of course, clinic, seminar) and will incur expenses as outlined below.

The course, clinic, seminar is set for (Date) in (Place).

We understand that \_\_\_\_\_ must submit a brief report upon completion of the course to obtain funding from the Coaching Council of Newfoundland & Labrador.

Sincerely,

(Name)  
President

Date of Travel:      Depart Home \_\_\_\_\_ Return Home \_\_\_\_\_

**EXPENSES (Estimated)**

Airfare \_\_\_\_\_

Meals \_\_\_\_\_

Accommodations \_\_\_\_\_

Course Registration \_\_\_\_\_

Other \_\_\_\_\_

Total Expenses \_\_\_\_\_

**REVENUE (Estimated)**

Provincial Coaching Council \_\_\_\_\_

Team/Association Support \_\_\_\_\_

Other \_\_\_\_\_

Total Revenue \_\_\_\_\_

**TOTAL AMOUNT OF FUNDS REQUESTED \_\_\_\_\_**