

Will the family of the applicant provide any additional sources of funds?

How will the grant be used by the applicant?

Please list the name and affiliation of the applicant's two (2) references and enclose the references.

Individual applicants, please include:

- most recent 1040 form
- job description and salary compensation
- a complete listing of assets
- a listing of other sources of income

Organizational applicants, please include:

- a copy of your IRS determination status
- a list of current Officers and/or Board of Directors
- current operating budget

This application must be submitted by:

April 1 for May grant period;

October 1 for November grant period.

Send with all required documents to:

Jim Tortorella
Men's Ice Hockey Office
Colby College
4913 Mayflower Hill
Waterville, ME 04901



Application for Grant Consideration

Prepared by the
American Hockey Coaches Association
for
Hockey Coaches Care

Hockey Coaches Care

Hockey Coaches Care is an organization committed to helping members of the amateur hockey community in times of need, as well as organizations within the amateur hockey community that seek to serve the best interests of its members.

Funding for Hockey Coaches Care, a tax-exempt, 501 (c) (3) organization incorporated in the state of Maine, comes from a wide range of individuals and organizations. A portion of the start-up funding for Hockey Coaches Care came from the Shawn Walsh Foundation, a fund set up to honor the late University of Maine head coach.

Hockey Coaches Care will consider applications for grants twice a year, with individual and organizational awards, capped at \$5,000, issued in May and November of each year.

Anyone interested in applying for a Hockey Coaches Care grant should complete this form and return with all required documents as indicated on the back panel. Questions may be directed to Jim Tortorella, Men's Ice Hockey Coach, Colby College, 4913 Mayflower Hill, Waterville, ME 04901.

Hockey Coaches Care Board of Directors

Joe Bertagna, Hockey East Association Jim Tortorella, Colby College
Bruce Delventhal, SUNY Plattsburgh Roger Grillo, Brown University
Kevin Walsh, At-Large Member

For all questions, feel free to submit answers on a separate and accompanying sheet of paper.

What is your connection to the amateur ice hockey community?

If applying as an organization, what is the goal of your organization?

If applying as an individual, what type of disease, sickness or tragedy has occurred to the applicant? Please describe in detail:

Application Form

Name _____

Organization (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____

Office Phone _____

Cell Phone _____

How much of a financial award is the applicant seeking? (The maximum available grant will be \$5,000.00)

Is the applicant applying for any other charitable grants to assist with the disease, sickness, or tragedy?

Is the insurance company of the applicant providing financial restitution? If no, submit a letter of denial from the company. If yes, how much?