



Application for Grant Consideration

Name _____ Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____

[Note: For all questions, feel free to submit answers on a separate and accompanying piece of paper.]

1. What is your connection to the amateur hockey community?
2. If applying as an organization, what is the name and the goal/purpose of your organization?
3. If applying as an individual, what type of situation (illness, disease, tragedy, etc.) has occurred to the applicant? Describe in detail.
4. How much of a financial award is the applicant seeking? (The maximum available award is \$5,000.)

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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 form. Questions may be directed to Jim Tortorella, Men's Hockey Office, University of New Hampshire, Whittemore Center, 128 Main Street, Durham, NH 03824.

Hockey Coaches Care Board of Directors

Joe Bertagna, Commissioner, Hockey East Association

Roger Grillo, USA Hockey ADM Regional Manager

Bruce Delventhal, Athletic Director, SUNY Plattsburgh

Jim Tortorella, Assistant Coach, University of New Hampshire

Kevin Walsh, At-Large Member

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

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

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

8. How will the grant be used by the applicant?

9. Please list the name and affiliation of the applicant’s two references and enclose the actual references.

10. 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

11. 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 the May grant period or October 1 for the November grant period. Send with all documentation to:

Hockey Coaches Care c/o Jim Tortorella

Men’s Hockey Office

University of New Hampshire

Whittemore Center

128 Main Street

Durham, NH 03824

jim.tortorella@unh.edu

