



CFLAA SUPPORT FUND

PLAN "B" - EMERGENCY COMPASSIONATE GRANT

Please be assured that all information provided in this application will be handled in a confidential manner. If you have any questions or concerns or need assistance completing this application, please contact:

Leo Ezerins, Executive Director CFLAA, supportfund@cflaa.ca or

Text/call 1-902-488-8734

Whether you are applying for assistance yourself, or on behalf of a friend or loved one, complete this application to the best of your knowledge and ability. The application form will provide the CFLAA Support Fund with the information needed to understand your request for assistance, and where to consider directing any approved funding.

To forward this application for consideration, printout, scan, complete and email to:

supportfund@cflaa.ca

or mail

CFLAA
c/o PO Box 33
Porters Lake STN Main, NS
B3E 1M1



CFLAASF PLAN "B" - EMERGENCY COMPASSIONATE GRANT

Application for Assistance

Please provide the following information. (Please type or print legibly)

The former CFL player associated with this request:

Last Name _____ First Name _____

Date of Birth _____

CFL Career

Team #1 _____ Year(s) _____

Team #2 _____ Year(s) _____

Team #3 _____ Year(s) _____

Current Address

Street _____ Unit/Apt # _____

City _____ Prov/State _____ Postal Code _____

Home Phone _____ Cell _____

Email Address _____

Are you employed? Yes _____ No _____

Total monthly income from all sources _____

Are you currently receiving assistance from any other organizations or agencies?

Yes _____ No _____ If Yes, please list below.



Person submitting the application if not the player

Last Name _____ First Name _____

Home Phone _____ Cell _____

Email Address _____ Best Time to Call _____

What is your relationship to the player? _____

Is this request for directly assisting the player? Yes _____ No _____

If No, please describe the relationship to the player. _____

Outline the circumstances dictating the need for emergency financial assistance.

Description of the request (List Expenses and Amounts: i.e. rent, shelter, food, clothing, funeral costs, utilities, one-time health costs, etc.). Please attach the latest invoices/statements for the exact amount requested.

Amount Requested (MAX \$2500.00) _____

Outline your plans to resolve your emergency financial problems to get back on your feet

Signature _____ Date _____

Print Name _____



**CFL ALUMNI SUPPORT FUND
AUTHORIZATION AND CONSENT TO RELEASE
INFORMATION AND RECORDS**

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION

Name: _____

Home Address: _____ UNIT / APT #: _____

Phone Number: (_____) _____ Cell Phone: (_____) _____

Social Insurance/Social Security Number: _____

Date of Birth: _____

Spouse/Partner Name: _____

I hereby authorize the CFL ALUMNI SUPPORT FUND (CFLASF), its agents and representatives to investigate my background about my Application for Assistance.

As part of the investigation, I authorize the CFLASF to obtain and review any private and confidential information concerning me, including, but not limited to, consumer credit reports; bank and financial institution records; employment, military, civil, regulatory, and educational information and data; and reports from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement, and licensing agencies, consumer reporting agencies, and other entities, including my present and previous employers.

I hereby agree to release, hold harmless, and discharge the CFLASF, its Board members, officers, agents, and all individuals, corporations, partnerships, associations, institutions, schools, agencies, employer, and all of their agents and employees, from any and all liability arising out of, or related to, any request for, receipt of, or use of any information or record pursuant to this authorization, or arising out of, or related to, any compliance, or attempted compliance, with such requests.

I understand that any information or record provided to the CFLASF pursuant to this authorization shall be used by the CFLASF solely for evaluating my Application for Assistance. I further understand that I may request a copy of the materials obtained by the CFLASF pursuant to this authorization by submitting a request in writing to the CFL ASF.

I have read this authorization carefully, understand it, and voluntarily sign it and agree to all of its terms and conditions. The above is my true and complete legal name, and all of the above information is true and correct. Should there be any question as to the validity of this release, I may be contacted as indicated below.

Signature: _____

Signature of Spouse/Partner: _____