

Please provide the following information:

Applicants Name

Applicant Street Address

Address (cont.)

City

State/Province

Zip/Postal Code

Work Phone

Email

*Summary of
Hardship/unforeseen
crisis*

The Matthew K. Marin Foundation requires that a current or past member of the Niagara Falls Hockey Alumni must sponsor the applicant. The hockey player is responsible or verifying financial and personal hardship brought about by this unforeseen crises or tragedy

Hockey player's Name

Hockey players daytime phone

Hockey player's E-mail

Please submit this application to:

**The Matthew K. Marin Foundation, Inc.
5017 Shawnee Road
Sanborn, NY 14132**

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