



Application to the KidSport™ Fund

ON BEHALF OF AN INDIVIDUAL ATHLETE

Privacy/Confidentiality

Information provided in this application is being collected for the purpose of administering The KidSport™ Fund. This information will only be disclosed to KidSport™ Newfoundland and Labrador personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics on The KidSport™ Fund will be reported at the provincial/regional level and will not personally identify individuals.

INSTRUCTIONS

- Before completing this application, the adult sponsor must read the KidSport™ Guidelines.
- There are five sections in this application. Please see the table below for the person(s) responsible for each section:

| | | |
|-------------------|-----------------------|---|
| Section 1. | KidSport™ Guidelines | • Adult Sponsor |
| Section 2. | Adult Sponsor | • Adult Sponsor • Parent/Guardian (consent required if the parent/guardian is not the adult sponsor) |
| Section 3. | Athlete Recipient | • Adult Sponsor |
| Section 4. | Funding Request | • Adult Sponsor |
| Section 5. | Financial Information | • Adult Sponsor |

- Applications must be submitted to the Provincial KidSport™ Chapter.

Provincial KidSport™ Chapter

Sport Newfoundland and Labrador
1296A Kenmount Rd.
Paradise, NL A1L 1N3
Contact person: Rosie Stead
T. 709.579.5977
F. 709.576.7493
E. kidsport@sportnl.ca
www.kidsport.ca/nl

Application Information:

Contact person: Karen Manning
T. 709.579.4932
F. 709.576.7493
E. sportnl@sportnl.ca



KidSport™ So ALL Kids Can Play!

sportNL



Application to the KidSport™ Fund

ON BEHALF OF AN INDIVIDUAL ATHLETE

Incomplete applications will be returned

Office Use Only

Date application received: / /
mm dd yyyy

Application complete? Yes No

Specify any action(s) taken: _____

Application approved? Yes No For what calendar year? Amount of grant: \$

If application is not approved, indicate the reason: _____

Approved by: _____ on: / / Chapter: _____
mm dd yyyy

To be completed by the Provincial Chapter:

Has the athlete received a KidSport™ grant before? Yes No If "Yes", in what year(s)? _____

Section 1. KidSport™ Guidelines

Before completing this application, the adult sponsor must read the KidSport™ Guidelines. Guidelines are available in the KidSport™ Brochure, online at our website (www.kidsport.nl.ca), or by contacting (709) 579-5977.

Section 2. Adult Sponsor

I am initiating this application on behalf of _____
Athlete

Has anyone applied for funding assistance for any other source (e.g. JumpStart, R.E.A.L. Program, etc.) for this athlete for the sport activity identified in this application? Yes No

If **Yes**, please provide the organization or program, contact person, and telephone number.

Organization or Program: _____

Contact Person: _____ Telephone: () _____

Adult Sponsor: Mr Ms _____

Relationship to athlete (check one only): Parent Guardian Other (please specify) _____

Street/P.O. Box: _____ Community: _____

Province/Territory: _____ Postal Code: _____ E-mail: _____

Telephone: home () _____ work () _____ cell () _____

I have read the KidSport™ Guidelines. I verify that the information I have provided is current and accurate.

Signature of Adult Sponsor

Date

To be completed by the parent/guardian only if the adult sponsor is not the parent/guardian.

I give my consent for the adult sponsor to initiate this application on my behalf.

Parent or Guardian (please print)

Signature of Parent or Guardian

Date



Application to the KidSport™ Fund

ON BEHALF OF AN INDIVIDUAL ATHLETE

Section 3. Athlete Recipient

Athlete: _____ Gender: Male Female

MCP # _____ Date of Birth: / /
mm dd yyyy

Street/P.O. Box: _____ Community: _____

Province/Territory: _____ Postal Code: _____ Telephone: () _____

Section 4. Funding Request

Sport/Recreational Organization: _____

Street/P.O. Box: _____ Community: _____

Province/Territory: _____ Postal Code: _____ Telephone: () _____

Fax: () _____ E-mail: _____

President, Treasurer, or Equivalent (e.g. Executive Director) Mr Ms _____

Position: _____

For what sport will the KidSport™ grant be used? _____

Sport Activity (e.g. Atom, CanSkate, Swimming Lessons, House League): _____

Sport Activity Start and End Dates (if exact dates have not been set by the organization, please provide estimated dates):

Start Date: / / End Date: / /
mm dd yyyy mm dd yyyy

Actual Registration/Participant Fee: \$ _____

| | | |
|-------------------|------------------------------|---|
| Amount Requested: | Registration/Participant Fee | \$ _____ |
| | Personal Sport Equipment | \$ _____ Specify equipment below |
| | Total Request | \$ _____ Total not to exceed \$300 |

If an amount for Personal Sport Equipment is specified above, please list the equipment needed (e.g. skates, soccer shoes, racket)

Important: If the application is a request for Personal Sport Equipment only, proof of registration is required.



Application to the KidSport™ Fund

ON BEHALF OF AN INDIVIDUAL ATHLETE

Section 5. Financial Information

Gross annual household income in the athlete's household (check one only):

- Less than \$15,000
- \$15,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000 and over

Number of people living in the athlete's household: _____ children 18 and under _____ adults

Is the athlete's family a single parent family? Yes No

Please indicate the financial reasons why this application should be considered for a KidSport™ grant (check all that apply):

- Currently receiving income support through the Provincial Income Support Program.
- Currently receiving Employment Insurance (EI).
- Experienced a change in income over the last several years. Please explain: _____

- Other. Please explain: _____
-
-
-

PROOF OF INCOME

Proof of total family income must accompany application form. You must include A, B or C:

- A. Proof of Total Family Income: Tax Return Summary or Notice of Assessment from Canada Revenue Agency (if you do not have a copy please call 1-800-959-8281 to have one sent by mail).
- B. Proof of Income Support: Authorization from the Department of Advanced Education and Skills. For office locations visit <http://www.aes.gov.nl.ca/department/contact.html#Regional Services>

DEPARTMENT OF ADVANCED SKILLS AND EDUCATION
STAMP HERE

OR

- C. Provide a cheque stub of your family's most recent Income Support Payment.

SIGNATURE HERE
(Department Official)