



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.nl.ca



KidSport™ So ALL Kids Can Play!





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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



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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? _____

Is this the first time the athlete is participating in this sport? Yes No

If "no", how long has the athlete been participating in this sport? _____ year(s)

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.

If you are able to contribute to the funding request, please provide details below:

I can contribute \$ _____ and/or I can supply the following equipment: _____



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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 Human Resources. For office locations visit <http://www.hrle.gov.nl.ca/hrle/department/contact.html#regions>

OR

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

DEPARTMENT OF HUMAN RESOURCES
STAMP HERE

SIGNATURE HERE
(Department Official)