

KidSport™ Chapters

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Acadian Peninsula Chapter:

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Guidelines for Grants

- Preference is given to children who are being introduced into organized sport.
- Grants will not exceed a maximum of \$200 per calendar year.
- Grants to individual children are designed to address the financial obstacles that prevent children from participating in sport
- Grants may be used only for the payment of participant fees and/or mandatory personal sport equipment.
- Sport activities must be recognized by the member organizations of Sport New Brunswick.
- Children 18 years old and under are eligible.
- Travel to play-offs, championships, camps and equipment upgrades etc. are not an eligible expense.
- KidSport™ grants are not meant to replace existing recreation or social services funding for sport participation.
- The KidSport™ Fund will issue funds to a recognized sport organization on behalf of the child recipient or arrange for the purchase of equipment.



KidSport™

So ALL Kids Can Play!

Application Form



Deadlines:
January 31, May 1, and
September 1

www.KidSport.ca

ALL INFORMATION MUST BE COMPLETED- Confidentiality of all applicants will be protected.

Section 1: Child Information – Please Print

First Name:	Last Name:
Address:	
City:	Postal Code:
Telephone: (506)	Gender: Male ____ Female ____
Date of Birth:	Sport funding will be used for:
Has your child previously received KidSport Funding? Yes: ____ No: ____ If yes, how many times? ____	Is this the first time participating in this sport? Yes: ____ No: ____ If no, how many times? ____

Section 2: Funding Request Information

Name of Organization/Association/Club or League:	
Contact Name:	Phone:
Email:	
Mailing Address:	Postal Code:
Amount Requested: Registration Fee:\$_____ Equipment:\$_____ Total Request:\$_____	If request is for equipment only, please provide proof of registration. We cannot guarantee funding for equipment. Please list equipment and the cost(i.e. shin pads \$30)_____ _____ _____

Section 3: Parent/Guardian Information

First Name:	Last Name:
Address:	
City:	Postal Code:
Relationship to child:	Number of Children in the Family:
Occupation:	
<i>Please check the options that apply to you:</i> Social Assistance: ____ Single Parent: ____ Married: ____ Common Law: ____ Foster Parent: ____ Dual Parent Family: ____	
Email:	

Section 4: Proof of Income

A Notice of Assessment from <u>each</u> adult in the home MUST accompany all application forms. We <u>do not</u> accept T4 or Tax Summaries. Your previous income tax Notice of Assessment(s) may be obtained by phoning 1-800-959-8281	
Signature of Parent/Guardian:	Date: