

Guidelines

Contact us for more info

KidSport NL

1296A Kenmount Road Paradise, NL A1L 1N3

T: 709-579-5977

F: 709-576-7493

www.kidsportcanada.ca/nl

facebook.com/KidSportNL

Twitter: @KidSportNL

KidSport NL is provincally operated by:

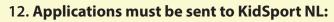


www.sportnl.ca facebook.com/sportnl Twitter: @sportnl

Guideline Info

- 1. Applicants must be aged 18 or younger.
- **2.** Grants are awarded for registration fees and equipment costs only.
- 3. Total grant will not exceed \$300.

 *Amount approved may be less than requested.
- 4. Recipients must be a resident of Newfoundland and Labrador.
- **5.** KidSport NL will accept applications for sport equipment only. However, proof of paid regisration is required.
- **6.** Sport organizations must be a member of Sport Newfoundland and Labrador. To view members, visit: http://www.sportnl.ca/findasport
 - **7.** KidSport NL uses Statistics Canada Low Income Cut-offs as a guideline for application approval.
 - **8.** A letter showing your application status will be sent by e-mail. Please allow 4-6 weeks for processing.
 - 9. Incomplete applications will not be processed.*Proof of family income must accompany all applications.
 - **10.** Each child can apply once per year to ensure our funding reaches the maximum number of kids looking to participate in sport.
 - 11. Priority is given to applications received prior to the start of a sport registration deadline for the sport activity. Programs must be at least 8 weeks in duration and applications will not be considered if program is within 6 weeks of completion.



Sport Newfoundland and Labrador 1296A Kenmount Rd Paradise, NL A1L 1N3 Contact Person: Karen Manning E-mail: sportnl@sportnl.ca Fax: 709-576-7493

Telephone: 709-576-4932





Application Info

Alicia Curran 709-579-5977 Karen Manning 709-576-4932

	CO Kid Godt
Office use only	Application Approved: Yes No
Date received:	Amount of Grant:
	Approved by:
Application Form (to be completed by a	dult)
PARENT/GUARDIAN INFORMATION	
Parent/Guardian	
•	Postal Code
Telephone —	Email
Choose One: Single Parent Married Common Law Other	
Number of children 18 or under in the family	
Are you currently recieving: \square Provincial Income Support \square Employment Insurance (EI) \square Other	
Yes, I have read the guidelines Signature of Parent/Guardian	
APPLICANT INFORMATION	
Child's Name	Date of Birth
Gender: Male Female	
Full mailing address	
Telephone	Email
Has this athlete recived previous KidSport Funding? ☐ Yes ☐ No	
If applying for funding from another source, please state the name:	
Grant Request: Expenses the grant will be use Registration/Participation Fees \$	
Equipment Request \$	(List items below)
Equipment needed:	Program start/end date:
Name of league, association, or club:	
Full mailing address:	
Telephone number:	Email Address:
1-800-959-8281 to have one sent by m B. ☐ Authorization from the department of	venue Agency (If you do not have a copy please call nail). f Advanced Education and Skills. For office locations visit
http://www.aes.gov.nl.ca/department/contact.html#RegionalServices C. Provide a cheque stub of your family's most recent Income Support Payment	
*If self employed, please provide:	
Name of Business:	
Reference (Name, Number, Relationship):	SIGNATURE HERE