

Application Form

Contact us for more info

KidSport Nova Scotia

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www.kidsport.ca/nova-scotia/ facebook.com/kidsportnovascotia twitter: @kidsport_ns

OR your local KidSport Chapter:

Digby

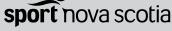
PO Box 1269 Digby, NS BOV 1A0 P: 902.245.1949 F: 902.245.1944

Annapolis:

P.O. Box 609 271 Granville St. Bridgetown, NS BOS 1C0 P: 902.665.4010 F: 902.665.5011

Email: darc@ns.aliantzinc.ca

KidSport is provincially operated by:



www.sportnovascotia.ca facebook.com/sportnovascotia twitter: @sportnovascotia

GRANT 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 \$500.
- 4 Grants for equipment only will not exceed \$500. Proof of registration is required to receive financial assistance for equipment.
- **5** A child can only receive one grant in a calendar year.
- 6 Cheques for registration grants will be made payable to a league, association or club. Cheques/vouchers for equipment will be made payable to a sporting goods retailer. (Note: KidSport reserves the right to request proof of purchase.)





APPLICATION INFO

- 1 Sport organizations must be a member of Sport Nova Scotia. To view members, visit www.sportnovascotia.ca.
- 2 Approval is based on Statistics Canada's Low Income Cut-offs. (visit: http://bit.do/KidSportApply)
- **3** Application form(s) will not be approved until all information is received.
- 4 <u>Complete</u> applications will receive a letter no more than four weeks after the deadline notifying them of the status of their application.



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PARENT/GUARDIAN INFORMATION	
Parent/Guardian:	
Address:	
City:	Postal Code:
Telephone:	E-mail:
Choose One: Single-Parent 🗌 Dual-Parent [# of children in household 18 years or younger:
Please select a deadline you are applying for (Ap	pplications are reviewed on the deadline dates. Status updates can
take up to 30 days to receive from the noted dea	dline):
January 3 🗌 March 1 May 1 🗌 June 1	July 3 September 1 October 2 November 1
APPLICANT INFORMATION	
Name:	Date of Birth: YYYY / MM / DD Male FemaleOther
Child resides at same address: 🔲 If different: _	
Please select if your child is: Indigenous: Afr	ican Nova Scotian: 🗌 New Canadian: 🗌 Athlete with a disability: 🗌
Has your child received KidSport funding in the pa	ast? Yes 🗌 No 🗌
GRANT REQUEST	
Name of sport participating in:	
Name of sport organization:	
Registration fees \$: Equipme	ent fees \$: Total request (Max \$500) \$:
Equipment requested :	
*if request is for equipment only, please provide proof	of registration.
Is there a Cleve's Source for Sports location in you	ur area? Yes 🗌 No 🗌
If no, please list the name of the nearest sporting	goods retails:

Canada Revenue Agency Notice of Assessment. Or call the CRA at
1-800-959-8281 to request one.
OR

Authorization from the Department of Community Services or В Indigenous Social Development.

SIGNATURE HERE

STAMP HERE

PARENT/GUARDIAN SIGNATURE:

I consent the information presented in this application is true and complete to the best of my knowledge.

Signature:

Α

Date:

IMPORTANT: KidSport Nova Scotia and its affiliated chapters agree that any information provided by the applicant shall be retained by KidSport Nova Scotia and/or its affiliated chapters. Information may be released to funding partners upon request, but will not be released to any other party without the expressed written consent of the applicant (other than the sport organization for which funding has been requested).

Funding Partner

Equipment Sponsor









Program Sponsors





