

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:

KidSport Guysborough

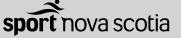
Angie Tavares Chedabucto Lifestyle Complex 60 Green Street P.O. Box 79 Guysborough, NS BOH 1N0

Guysborough, NS B0H 1N0 Phone: 902.533.2088

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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.



Application Form

PARENT/GUARDIAN INFORMATION



	Guardian:	
Address		
City:		Postal Code:
Telephor	ne:	E-mail:
Choose	One: Single-Parent Dual-Parent [# of children in household 18 years or younger:
		oplications are reviewed on the deadline dates. Status updates can
	to 30 days to receive from the noted dea	
January 3	B	July 3 September 1 October 2 November 1
APPLICA	NT INFORMATION	
Name:_		Date of Birth: YYYY / MM / DD Male Female Other
Child res	sides at same address:	
Please s	elect if your child is: Indigenous: Afri	ican Nova Scotian: New Canadian: Athlete with a disability:
	child received KidSport funding in the pa	
CDANT I	PENIFET	
GRANT R		
		T. L. (M. 4500)
		ent fees \$: Total request (Max \$500) \$:
	ent requested : et is for equipment only, please provide proof	of registration
		purce for Sports location you would like a voucher issued for:
	Source for Sports (2935 Highway 4, Post R	
	am's Source for Sports (33 Keltic Dr, Sydr	
Equipme	ent needs to be purchased from other reta	ailer:
DD005.6		
PROUF U		ANY APPLICATION FORM. YOU MUST INCLUDE A OR B:
A	Canada Revenue Agency Notice of Asse	SSMENT. OF CALL THE CRA AL STAMP HERE
	1-800-959-8281 to request one.	
n —	OR	Description Complete or
В	Authorization from the Department of C	
	Indigenous Social Development.	
PARENT	/GUARDIAN SIGNATURE:	SIGNATURE HERE
I consen	t the information presented in this app	lication is true and complete to the best of my knowledge.
Signature:		Date:

Funding Partner

Equipment Sponsor

Program Sponsors









party without the expressed written consent of the applicant (other than the sport organization for which funding has been requested).





