

So ALL Kids Can Play!

Individual Application Form

For more information, contact us:

kidsport@sasksport.ca

KidSport Saskatchewan

1870 Lorne Street Regina, SK S4P 2L7

KidSport Saskatchewan serves communities throughout the province where Local KidSport Chapters do not exist.

Proudly supported by:



KidSport helps children of families facing financial obstacles to participate in sport, so that no kid is left on the sidelines.

Who is eligible to receive a KidSport grant?

- Families that are low-income and facing financial barriers.
- Grants are for children and youth 5 to 18 years of age.
- · Amateur sport programs.

What does KidSport cover?

- Sport registration fee
- Children could be eligible for up to, but not guaranteed financial support of \$750.00 per child per calendar year (Jan-Dec).

KidSport Guidelines

- Applications must be filled out completely and appropriate documentation submitted.
- Applications must be submitted before the start date of the sport activity.
- KidSport does not fund team fees, camps, travel, tournaments, championships, high performance, sports field trips, specialized training, fitness memberships, swim passes, dance, etc.
- For a list of eligible sports, please visit: www.kidsportcanada.ca/saskatchewan
- Generally accepted sport activities are those recognized and/or sanctioned by the member organizations of Sask Sport.

How to apply to KidSport:

- 1. Register your child into a sport program.
- 2. Apply for KidSport well in advance of the sport program.
- 3. Visit website to apply <u>www.kidsportcanada.ca/saskatchewan</u> and choose the chapter in your community. If your community does not have a chapter choose the Provincial Fund for your application.
- 4. Complete the KidSport application form online or with a paper application.
- 5. Double check that ALL information has been filled out and that all appropriate documentation has been submitted. Do not submit until application is complete.
- 6. Submit completed application to your Local KidSport Chapter either online, via email to kidsport@sasksport.ca or through mail.
- 7. Please allow up to six weeks for notification of application status.
- 8. Applicant will be emailed of application status.
- 9. If the application has been approved, KidSport will issue funds directly to the sport organization on behalf of the child.



Individual Application Form To access an online application visit www.kidsportcanada.ca/saskatchewan

Submit Grant Application to:

KidSport Saskatchewan 1870 Lorne Street, Regina, SK S4P 2L7

Email: kidsport@sasksport.ca

Please select. If the participant identifies as one of the following populations (voluntary, for statistical purposes only): Indigenous (First Nations, Metis, Inuit)	Name:	School Attending:			
Indigenous (First Nations, Metis, Inuit)	Gender:	Date of Birth: Age:			
Parent/Guardian Information Name:	Please select if the participant identifies as one of the following	owing populations (ve	oluntary, for statistical purp	oses only):	
Name:	$\ \square$ Indigenous (First Nations, Metis, Inuit) $\ \square$ Athlete with	h a Disability □ Ne	w Canadian □ Prefer to se	elf describe	
Address:	Parent/Guardian Information				
Phone:	Name:	Relationship	to Child:		
Please select the option(s) below that identify your reason for applying to KidSport for financial assistance. Low income	Address:	City:		tal Code:	
Low income	Phone:	Email:	:		
Sport Information Sport Organization/Club: Sport: Contact:	Please select the option(s) below that identify your reason	for applying to KidSpo	ort for financial assistance.		
Sport Organization/Club: Sport: Contact: Mailing Address: City: Postal Code: Phone: Email: Program Start Date: Email: Program Start Date: End Date: Registration Fee: \$ Household Information Number of adults in the home (over 18 years of age): Number of children in the home: Maintenance of children in the home (over 18 years of age): Number of children in the home: Maintenance of children in the home: Maintenance of children in the home (over 18 years of age): No Annual gross income for ALL income earners in the household. Including self-employment, business or farming income prior to deductions. Verification of financial barriers/low income to support the application for KidSport funding: Please submit one of the following: Self-employment income or Business income documents Tought Three (3) most recent Canada Revenue Agency Notice of Assessment (NOA) Self-employment income or Business income documents T2125 Farming income documents T20242 Three (3) most recent pay stubs Assistance Program Document If a newcomer family landed in Canada less than a year - an option to submit a IM1000 Record of Landing If financial documents are not attainable, the committee may accept a signed endorsement letter from an approved endorser (teacher/principal (not a coach), social worker, newcomer representative, Dream Broker consultant or Band office support services coordinator) stating the reason for the Kidsport application. Endorser must have the knowledge that the family is facing financial obstacles and be able to back their letter of endorsement. *Applicants may still be asked for proof of income at the committee's discretion. Application must be completed FULLY prior to submitting. Ensure you have also submitted the appropriate financial documentation will not be accepted resulting in the child missing out on a sport opportunity. Applications not filled out completely or without appropriate documentation will not be accepted resulting in the child missing out on a sport opportunity.	☐ Low income ☐ Single parent ☐ Recent job loss (E.I./	Disability) □ Health	n issue		
Mailing Address: City: Postal Code: Phone: Email: Program Start Date: End Date: Program Start Date: End Date: Program Start Date: Program Document Start Date: Program Da	Sport Information				
Phone:	Sport Organization/Club:	Sport: _	Con	tact:	
Program Start Date: End Date: Registration Fee: \$ Do not include team fees, fundralsing or uniform fees Number of adults in the home (over 18 years of age): Number of children in the home: Does anyone in the household own a business or farm, or is self-employed?	Mailing Address:	City:	P	ostal Code:	
Number of adults in the home (over 18 years of age):	Phone: Email:	:			
Number of adults in the home (over 18 years of age): Number of children in the home:	Program Start Date: End Date:		Registration Fee: \$		
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Parent/Guardian Signature: Date:					
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CONFIDENTIALITY: All information provided is kept in the strictest confidence. The information contained on this application form is used solely for the purpose of adjudicating the grant request. Personal information shall not be used or disclosed for purposes other than that for which it was collected.