







# KidSport™ Grant Application Form

## SECTION 1: ATHLETE RECIPIENT

First Name:	Last name:
City:	Age (18 and under):
Gender:	Birth Date (YYYY-MM-DD):
Please select if you are one of the following populations:      Indigenous      Athlete with a disability      New Canadian (resided in Canada for less than 10 years)	
Has this child received KidSport™ funding before?      Yes      No	

## SECTION 2: PARENT OR GUARDIAN

First Name:	Last Name:
Mailing Address:	
City:	Postal Code:
Phone:	Email:
Single Parent / Guardian      Dual Parent / Guardian	Number of children in home: 1    2    3    4    5    6    7+
How did you find out about KidSport:    Sport Organization    Recreation Centre    Website    School    Other	

**Please complete the following section. All boxes must be checked, and application must be signed for application to be processed:**  
 The information presented in this application is true and complete to the best of my knowledge.  
 I have read and agree to the privacy policy (see guidelines).  
 I give KidSport permission to contact me.  
 I agree to and understand that while KidSport is providing funding to cover the fees associated with my child's activity/sport, I will not hold KidSport responsible, nor will I take legal action under any circumstance (i.e. injury, etc).

<b>Signature of parent/guardian:</b>	<b>Date:</b>
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## SECTION 3: SPORT ORGANIZATION

Sport:	Club/League/School Name:
Sport Start Date: (MM/DD/YYYY)	Sport End Date: (MM/DD/YYYY)
Mailing Address:	
City:	Postal Code:
Telephone:	Email:
<b>Total Registration Cost:</b>	<b>Grant Request: (max \$00)</b>

## SECTION 4: FINANCIAL OR ENDORSER VERIFICATION

**Financial Verification - Please attach a copy of the following document for ALL income earners in the household**

Most recent Canada Revenue Notice of Assessment (NOA)

**OR**

**Endorser Verification** (this section must be completed by endorser, more information in application guidelines)

Name:	Position and Organization:
Mailing address:	City and Postal Code:
Email Address:	Phone Number:

I have thoroughly read and understand the guidelines of KidSport™ and agree this applicant meets the guidelines. I believe the family of this applicant has financial need and a grant from KidSport™ is essential to the child's participation in a season of sport. I agree to participate in a brief telephone follow-up if required.

<b>Endorser Signature:</b>	<b>Date:</b>
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