



# GRANT APPLICATION GUIDELINES

## KidSport Surrey White Rock

KidSport provides funding for kids from families that need financial support to help cover the cost of sport registration fees #SoALLKidsCanPlay! Max grant: up to \$400 per child, per calendar year.

### WHO IS ELIGIBLE?

- ✓ Kids years old 18 and younger facing financial barriers
- ✓ Registered in an eligible sport program with a Sport BC member Organization
- ✗ Camps, equipment, dance, travel, fundraising, and championships do not qualify.

### HOW TO APPLY

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#### REGISTER YOUR CHILD IN A SPORT

- Sport clubs must be affiliated with the member sport organizations of Sport BC
- Programs must be at least 6 weeks long with at least one session per week
- Proof of registration is required

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#### SUBMIT A GRANT APPLICATION

- Applications can be submitted online or using our paper form, ideally prior to or at the start of the sport program
- If you're applying using the paper form you must submit one of:
  - Your most recent Notice of Assessment for all income earners in the household
  - Proof of foster parent status, income assistance or disability assistance
  - OR endorsement from a trusted professional verifying financial need (see application for eligible endorsers).
- Completed paper applications can be submitted by email, mail or fax

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#### APPLICATION PROCESSING

- Please allow up to 60 days for notification of application status
- Approved grant funds are only send to the sport club/organization/school

### CONTACT US

#### By mail

KidSport Surrey White Rock  
c/o 250-999 Canada Place  
Vancouver BC, V6C 3C1

kidsport@sportbc.com  
tel: 604-333-3434

kidsport.ca/british-columbia



# KidSport™ Grant Application Form

## SECTION 1: ATHLETE/CHILD INFORMATION

|                                                                                                                                                                                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| First Name:                                                                                                                                                                              | Last name:               |
| City:                                                                                                                                                                                    | Age (18 and under):      |
| Gender:                                                                                                                                                                                  | Birth Date (YYYY-MM-DD): |
| Please select if the athlete identifies as 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 INFORMATION

|                                                                                                               |                                                                 |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 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 |                                                                 |

I confirm that the information provided is true and complete to the best of my knowledge. I understand that KidSport is funding my child's activity fees and agree not to hold KidSport liable or pursue legal action under any circumstances (e.g., injury). All information will remain confidential and used only to assess this grant application. By signing the application form you agree to have all collected information stored in our online database system.

|                               |       |
|-------------------------------|-------|
| Signature of parent/guardian: | Date: |
|-------------------------------|-------|

## 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:                       |

|                          |                            |
|--------------------------|----------------------------|
| Total Registration Cost: | Grant Request: (max \$400) |
|--------------------------|----------------------------|

## SECTION 4: FINANCIAL OR TRUSTED PROFESSIONAL INFORMATION (provide ONE of A or B below)

### A) Financial Information - Please attach a copy of ONE of the following for ALL income earners in the household:

Notice of Assessment (line 15000) from most recent tax year  
 Proof of Foster Parent Status  
 Proof of Income Assistance or Disability Assistance

### B) Trusted Professional Information - To be completed by a professional who is familiar with the family's social/economic barriers (principal/vice principal, social worker, counsellor, youth worker, community servicing agency or settlement worker). The endorser cannot be associated with the sport organization

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

I have thoroughly read and understand the eligibility requirements for KidSport and verify that the family of this applicant is in financial need and a grant from KidSport is essential to the child's participation in a season of sport. I agree to be contacted by KidSport for follow-up if required.

|                     |       |
|---------------------|-------|
| Endorser Signature: | Date: |
|---------------------|-------|