



Application Form

Contact us for more info

KidSport Nova Scotia
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F: 902.425.5606
E: kidsport@sportnovascotia.ca

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

OR your local KidSport Chapter:

KidSport Guysborough
Christina Bowie
Chedabucto Lifestyle Complex
60 Green Street
P.O. Box 79
Guysborough, NS B0H 1N0
Phone: 902.533.2088
Fax: 782.452.4007
Email: cbowie@modg.ca

KidSport is provincially operated by:

sport nova scotia

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 \$300.
- 4 **Grants for equipment only** will not exceed \$200. 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 **Complete** 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

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 (Applications are reviewed on the deadline dates. Status updates can take up to 30 days to receive from the noted deadline):

January 4 ☐ March 1 ☐ May 3 ☐ July 2 ☐ September 1 ☐ October 1 ☐ November 1 ☐

APPLICANT INFORMATION

Name: _____ Date of Birth: YYYY - MM - DD Male ☐ Female ☐

Child resides at same address: ☐ If different: _____

Please select if your child is: Indigenous: ☐ Athlete with a disability: ☐ New Canadian: ☐ African Nova Scotian: ☐

Has your child received KidSport funding in the past? Yes ☐ No ☐

GRANT REQUEST

Name of sport participating in: _____

Name of sport organization: _____

Registration fees \$: _____ Equipment fees \$: _____ Total request (Max \$300) \$: _____

Equipment requested: _____

*If request is for equipment only, please provide proof of registration.

Is there a Cleve's Source for Sports location in your area? Yes ☐ No ☐

If no, please list the name of the nearest sporting goods retailers:

PROOF OF TOTAL FAMILY INCOME MUST ACCOMPANY APPLICATION FORM. YOU MUST INCLUDE A OR B:

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

OR

B ☐ Authorization from the Department of Community Services or Indigenous Social Development. _____

STAMP HERE

SIGNATURE HERE

PARENT/GUARDIAN SIGNATURE:

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

Signature: _____ 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

National Sponsor

