

# Application Form

## Contact us for more info

### **KidSport Nova Scotia**

5516 Spring Garden Rd. 4th Floor

Halifax, NS B3J 1G6

P: 902.425.5450 ext. 350

F: 902.425.5606

E: kidsport@sportnovascotia.ca

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

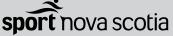
OR your local KidSport Chapter:

#### **KidSport Guysborough**

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

Phone: 902.533.2088 Fax: 782.452.4007 Email: cbowie@modg.ca

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 \$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 <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**





City	Postal Code:	
	Dual-Parent # of children in househol	
Choose one. Single I arent [	J Doat I alent	u to years or younger.
Please select a deadline you are	e applying for (Applications are reviewed on the d	leadline dates. Status updates can
take up to 30 days to receive fro	om the noted deadline):	
January 4 March 1 March 1	May 3 Uly 2 September 1 September 1	October 1 November 1
APPLICANT INFORMATION		
Name:	Date of Birth:	YY - MM - DD Male Female
Child resides at same address: [	If different:	
Diagonal and if we would be less	discours Adultate with a discolation of New Or	African Nava Continu
-	digenous: Athlete with a disability: New Ca	anadian: 🔝 African Nova Scotian: 📙
Has your child received KidSport	t funding in the past? Yes 🗌 No 🗌	
GRANT REQUEST		
Name of sport participating in: _		
Name of sport organization:		
	Equipment fees \$: Total re	
Equipment requested :		
*if request is for equipment only, pl	lease provide proof of registration.	
Is there a Cleve's Source for Spo	orts location in your area? Yes 🔲 No 🗌	
If no, please list the name of the	nearest sporting goods retails:	
PROOF OF TOTAL FAMILY INCOM	IE MUST ACCOMPANY APPLICATION FORM. YOU MU	UST INCLUDE A <u>or</u> B:
A Canada Revenue Agen	ncy Notice of Assessment. Or call the CRA at	STAMP HERE
1-800-959-8281 to requ	Jest one.	VIAMI IERE
<u>OR</u>		
<b>B</b> Authorization from the	e Department of Community Services or	
Indiannous Cosial Day	velopment.	
indigenous Social Dev		
	,	SIGNATURE HERE
PARENT/GUARDIAN SIGNATURE		SIGNATURE HERE
PARENT/GUARDIAN SIGNATURE	E: ented in this application is true and complete to	

**Funding Partner** 

**Equipment Sponsor** 

**National Sponsor** 







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



