

# 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.kidsport.ca/nova-scotia/ facebook.com/kidsportnovascotia twitter: @kidsport\_ns

OR your local KidSport Chapter:

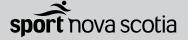
#### **KidSport Lunenburg County**

Cosette Howlett 186 Central Street, PO Box 369 Chester NS BOJ 1J0

**P:** 902-275-3490 **F:** 902-275-3630

Email: chowlett@chester.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 \$500.
- **4** Grants for equipment only will not exceed \$500. 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**

## PARENT/GUARDIAN INFORMATION

~@	•	
2	Kic/Sport	2024

Δddro			
		Postal Code:	
	one: E-mail:		
		nt Dual-Parent # of children in household 18	
take u	p to 30 days to recei	ou are applying for (Applications are reviewed on the dead re from the noted deadline):  May 1  June3  July 2  September 2  O	
APPLI	CANT INFORMATION		
Name	:	Date of Birth: YYYY / MM /	DD Male Female Other
		ess:	
	-	s: Indigenous: African Nova Scotian: New Canadia Sport funding in the past? Yes No	nn: Athlete with a disability: [
GRAN	T REQUEST		
Name	of sport participating	in:	
Name	of sport organization	:	
		Equipment fees \$: Total reque	
Equip	ment requested :		
*if requ	uest is for equipment or	nly, please provide proof of registration.	
Is ther	re a Cleve's Source fo	r Sports location in your area? Yes 🗌 No 🗌	
If no, p	olease list the name c	f the nearest sporting goods retails:	
PR00	F OF TOTAL FAMILY IN	COME MUST ACCOMPANY APPLICATION FORM. YOU MUST	INCLUDE A <u>or</u> B:
<b>A</b>	Canada Revenue	Agency Notice of Assessment. Or call the CRA at	STAMP HERE
	1-800-959-8281 to	request one.	STAME HERE
	<u>OR</u>		
В	Authorization fro	m the Department of Community Services or	
	Indigenous Socia	Development.	
PAREI	NT/GUARDIAN SIGNA	ΓURE:	SIGNATURE HERE
I cons	ent the information	presented in this application is true and complete to the	e best of my knowledge.
Signat	ture:	Date:	

Funding Partner

**Equipment Sponsor** 

**Program Sponsors** 









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





