

Application Form

Contact us for more info

KidSport Nova Scotia

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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 Cape Breton Regional Municipality / Victoria

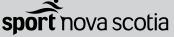
320 Esplanade Suite #204

Sydney, NS B1P 7B9 P: 902-563-5512

F: 902-563-2611

Email: jcpenny@cbrm.ns.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



Parent/Guardian:Address:	
City:	Postal Code:
Telephone:	E-mail:
Choose One: Single-Parent Dua	l-Parent # of children in household 18 years or younger:
Please select a deadline you are apply	ring for (Applications are reviewed on the deadline dates. Status updates can
take up to 30 days to receive from the	noted deadline):
January 2 March 1 May 1	June 3 July 2 September 2 October 1 November 1
APPLICANT INFORMATION	
Name:	Date of Birth: YYYY / MM / DD Male Female Other
Child resides at same address:	lifferent:
Please select if your child is: Indigeno	us: African Nova Scotian: New Canadian: Athlete with a disability:
Has your child received KidSport funding	ng in the past? Yes 🗌 No 🗍
GRANT REQUEST	
Name of sport participating in:	
	Equipment fees \$: Total request (Max \$500) \$:
Equipment requested :	
*if request is for equipment only, please pr	ovide proof of registration.
If approved for equipment, please sele	ct which Source for Sports location you would like a voucher issued for:
Cleve's Source for Sports (2935 Highwa	y 4, Post Rd, Antigonish)
Rudderham's Source for Sports (33 Kel	tic Dr, Sydney River)
Equipment needs to be purchased from	n other retailer:
	T ACCOMPANY APPLICATION FORM. YOU MUST INCLUDE A <u>OR</u> B:
	ice of Assessment. Or call the CRA at
1-800-959-8281 to request on	e
<u>OR</u> 	
	rtment of Community Services or
Indigenous Social Developm	ent.
PARENT/GUARDIAN SIGNATURE:	SIGNATURE HERE
I consent the information presented	n this application is true and complete to the best of my knowledge.
Signature:	Date:
	ated chapters agree that any information provided by the applicant shall be retained by KidSp

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).





