



OFFICIAL SPORT GRANT APPLICATION FORM

PLEASE READ ALL INSTRUCTIONS AND GUIDELINES, AND COMPLETE ALL SECTIONS IN ORDER TO BE CONSIDERED.

• Child/Youth Information:

Name: _____ Birth Date (dd/mm/yy): ____/____/____
Address: _____ City: _____
Postal Code: _____ Tel: (____) _____ Email: _____

• Adult Parent/Guardian/Sponsor for the Child/Youth:

Name: _____ Email: _____
Address: _____ City: _____
Postal Code: _____ Tel: work (____) _____ Tel: home (____) _____

A) Please identify: Your relationship to the child/youth (e.g. parent/guardian/sponsor): _____

B) Please indicate: # of adults living in home: _____ # of children living in home: _____

C) A verification of the family's financial situation **MUST** be included before the application is considered. You **MUST** attach a copy of the personal income tax **Notice of Assessment** from the most recent taxation year for **ALL** adults (18 and over) living in the home.

I have completely read and understood all application instructions and guidelines, and certify that all information provided, including attachments, are correct and can be independently verified.

Signature (adult parent/guardian/sponsor): _____ Date: _____

VERIFICATION OF INCOME MUST ACCOMPANY THIS APPLICATION FOR IT TO BE CONSIDERED COMPLETE

• Purpose of the Grant: Sport grants are only eligible for equipment and/or registration fees, and are based on the application guidelines. **All applications must be submitted at least 45 calendar days prior to the start of the sport activity in order to be considered. ***Non-profit and sanctioned sporting groups only will be considered.******

I would like to request a sport grant for:	<u>Amount</u>
<input type="checkbox"/> Equipment – <i>(please see guidelines for required documentation in order to be considered)</i> Name of Retailer: _____	\$ _____
<input type="checkbox"/> Registration Fees – Club's Name: _____	\$ _____
TOTAL (Max. \$250)	\$ _____

Sport Name (e.g. hockey): _____ Club Name: _____

Contact Name: _____ Address: _____

City: _____ Tel: (____) _____

Sport activity start date: _____ Sport activity end date: _____

• Endorsement: The endorser ensures that funds go to a deserved applicant. He/she is a "community professional", who is an objective, independent individual who is familiar with the family and is in a professional position to **identify** and **assess** the family's economic and/or social barriers. Examples of qualified endorsers are: social/community workers, doctors, principals/teachers, police officers, and government caseworkers, etc. **The endorser is required to prepare a written letter, on letterhead, providing a clear and detailed description the economic and/or social barriers impacting this family, in addition to identifying the type and length of their relationship with the family.**

Name: _____ Relationship to family: _____

Organization: _____ Title: _____

Address: _____ City: _____ Postal Code: _____

Tel (w): (____) _____ Tel (h):(____) _____ Email: _____

I have completely read and understood all application instructions and guidelines. Further, I believe all information on this application is true, and to verify, I agree to participate in a brief telephone follow-up.

Signature: _____ Date (dd/mm/year): ____/____/____

PLEASE ENSURE THAT ALL FIELDS HAVE BEEN COMPLETED IN ORDER TO BE CONSIDERED.

FOR OFFICE USE ONLY – 10/05:

Date Received: ____/____/____ Complete: Yes ___ No ___ Additional Action _____

KidSport™ Ontario and its members will fully protect the confidentiality of all applicants and endorsements.

