

# KidSport North Bay Grant Application Form

**PLEASE READ ALL KIDSPORT GRANT GUIDELINES ON BACK OF GRANT BEFORE COMPLETING THIS FORM**

KidSport™ North Bay mailing address: PO Box 360, 200 McIntyre St. E., North Bay, ON P1B 8H8 or Fax #705-474-9782

## SECTION 1: CHILD INFORMATION (18 yrs. and under)

First Name:	Last Name:
Address:	Unit #:
City:	Postal Code:
Telephone:	Parent Email Address:
Male:                      Female:	Birth Date: (mm/dd/yyyy)

## SECTION 2: ADULT SPONSOR (PARENT OR LEGAL GUARDIAN)

First Name:	Last Name:
Address:	Unit #:
City	Postal Code:
Relationship to Child:	How many adults in home (over 18)?
Have you rec'd KidSport funding before?	How many children in the home?
How did you find out about the KidSport Organization? Website:    School:    Recreation Centre:    Media: Other:	
<b>Signature:</b>	<b>Date:</b>

## SECTION 3: FUNDING REQUEST

Sport:	Organization:
Address:	
City	Postal Code:
<b>Amount Requested Not to Exceed</b>	
<b>Maximum of \$300 for all sports</b>	
	Registration Fee:    \$ _____
	Equipment Quote:    \$ _____
<b>***Must attach an official Equipment Quote</b>	Total Request:    \$ _____

## SECTION 4: INCOME VERIFICATION

**Gross Annual Household Income (Check one):**

Less than \$15,000 \_\_\_\_ \$15,000-\$19,999 \_\_\_\_ \$20,000-\$29,999 \_\_\_\_ \$30,000-\$39,999 \_\_\_\_ \$40,000-\$50,000 \_\_\_\_

**\*\*MUST INCLUDE FOR EACH PARENT/GUARDIAN IN HOME OVER THE AGE OF 18\*\***

- Previous Year's Notice of Tax Assessment AND/OR
- 2 consecutive paystubs OR
- 2 consecutive Ontario Works or EI or Disability statements with your name printed on the statement

**\*KIDSPORT RESERVES THE RIGHT TO REQUEST A "NOTICE OF ASSESSMENT ONLY " IN ORDER TO CONFIRM INCOME**

**-Written quotation from either (Walmart or Skater's Edge, Source for Sports) must be included if Equipment is required**

## SECTION 5: ENDORSEMENT

The Endorser acts as an objective third party who is familiar with the family and is in a position to assess the barriers facing the family (**Note: an endorser cannot be a parent/guardian or family member**)

**Important:** An endorsement letter must be included on letterhead with contact information outlining the barriers the family is facing. A follow-up call to endorser may be required.

**The Endorser should be one of the following (check one):**

Professional in family services or social worker \_\_\_\_\_ Teacher \_\_\_\_\_ Principal \_\_\_\_\_ Member of Clergy \_\_\_\_\_

Family Doctor \_\_\_\_\_ Police Officer \_\_\_\_\_ Lawyer \_\_\_\_\_ Accountant \_\_\_\_\_ Employer \_\_\_\_\_ First Nations Chief \_\_\_\_\_