



Application Form

Contact us for more info

KidSport Nova Scotia

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4th Floor
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F: 902.425.5606
E: kidsport@sportnovascotia.ca

www.kidsportcanada.ca
[facebook.com/kidsport-nova-scotia](https://www.facebook.com/kidsport-nova-scotia)
twitter: @kidsport_ns

OR your local KidSport Chapter:

Inverness:

Municipality of the
County of Inverness
Attn: Anna Lee
MacEachern
375 Main Street
PO Box 179
Port Hood, NS B0E 2W0
P: 902.787.3508
F: 902.787.3110

Richmond:

Attn: Josette Marchand
2357 Main Street
Hwy 206, PO Box 120
Arichat, NS B0E 1A0
P: 902.226.0586
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AnnaLee.MacEachern@invernesscounty.ca

KidSport is provincially operated by:



www.sportnovascotia.ca
[facebook.com/sportnovascotia](https://www.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 **Complete** applications will receive a letter no more than four weeks after the deadline notifying them of the status of their application.





Application Form (to be completed by an adult)

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____
 Address _____
 City _____ Postal Code _____
 Daytime Telephone _____ E-mail _____
 Choose One: Single-Parent Dual-Parent Number of children in the family _____
 Signature of Parent/Guardian _____

APPLICANT INFORMATION

Please select a deadline you are applying for:

January 2 March 1 May 1 July 3 September 4 October 1 November 1

Child's Name _____ Date of Birth _____
 Address _____
 City _____ Postal Code _____
 Telephone _____ male female
 Name of sport participating in _____
 Name and mailing address of league, association or club that cheque is payable to _____

PROOF OF TOTAL FAMILY INCOME MUST ACCOMPANY APPLICATION FORM. YOU MUST INCLUDE A OR B:

- A. Proof of total family income (for tax summary or notice of assessment call 1-800-959-8281);
- OR
- B. Authorization from the Department of Community Services or community services agency (for office locations visit www.gov.ns.ca/coms).

Has this athlete received previous KidSport funding? Yes No

Grant Request: Expenses for the grant will be used for:

Registration/Participation Fees \$ _____
 Equipment Request \$ _____
 Total Request \$ _____



Equipment: _____

SIGNATURE HERE

* If request is for equipment only, please provide proof of registration.

Is there a Cleve's Source for Sports location in your area? Yes No

If no, please indicate the name, address and phone number of the nearest sporting goods retailer:

I would like to receive information and updates related to KidSport Yes No

IMPORTANT: KidSport Nova Scotia and its affiliated chapters agree that any information provided by the applicant shall be retained by KidSport Nova Scotia and/or its affiliated chapters. Information may be released to funding partners upon request, but will not be released to any other party without the expressed written consent of the applicant (other than the sport organization for which funding has been requested).

Funding Partner

Program Sponsors

