

Application Form

Contact us for more info

KidSport Nova Scotia

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Halifax, NS B3J 1G6

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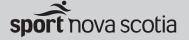
E: kidsport@sportnovascotia.ca

www.kidsportcanada.ca facebook.com/kidsport-nova-scotia twitter: @kidsport_ns

OR your local KidSport Chapter:

KidSport Halifax Regional Municipality (same address as above)

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 \$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 <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

9	
12 Kidsp	ort 2020

Parent/Guardian:	
Address:	
City:	Postal Code:
Telephone:	E-mail:
Choose One: Single-Parent Dual-Parent # of cl	nildren in household 18 years or younger:
Please select a deadline you are applying for (Applications are take up to four weeks to receive from the noted deadline): January 2 March 2 May 1 July 2	e reviewed on the deadline dates. Status updates can September 1 October 1 November 2
APPLICANT INFORMATION	
Name:	Date of Birth: YYYY - MM - DD Male Female
Child resides at same address: If different:	
Please select if your child is: Indigenous: Athlete with a d	isability: New Canadian:
Has your child received KidSport funding in the past? Yes $\hfill \square$ I	No 🗌
GRANT REQUEST	
Name of sport participating in:	
Name of sport organization:	
Registration fees \$: Equipment fees \$:	Total request (Max \$300) \$:
Equipment requested :	
*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 \boldsymbol{t}	he nearest sporting goods retailer:
PROOF OF TOTAL FAMILY INCOME MUST ACCOMPANY APPLICA	_
A Canada Revenue Agency Notice of Assessment. Or ca	all the CRA at STAMP HERE
1-800-959-8281 to request one.	
<u>OR</u>	
B Authorization from the Department of Community Se	ervices or
Indigenous Social Development.	
PARENT/GUARDIAN SIGNATURE:	SIGNATURE HERE
I consent the information presented in this application is tru	e and complete to the best of my knowledge.
Signature:	Date:
IMPORTANT: KidSport Nova Scotia and its affiliated chapters agree that any Nova Scotia and/or its affiliated chapters. Information may be released to a party without the expressed written consent of the applicant (other than the	funding partners upon request, but will not be released to any other

Funding Partner

Program Sponsors









