

ON BEHALF OF AN INDIVIDUAL ATHLETE

Privacy/Confidentiality

Information provided in this application is being collected for the purpose of administering The KidSport™ Fund. This information will only be disclosed to KidSport™ Newfoundland and Labrador personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics on The KidSport™ Fund will be reported at the provincial/regional level and will not personally identify individuals.

INSTRUCTIONS

- Before completing this application, the adult sponsor must read the KidSport™ Guidelines.
- There are five sections in this application. Please see the table below for the person(s) responsible for each section:

Section 1.	KidSport™ Guidelines	Adult Sponsor
Section 2.	Adult Sponsor	 Adult Sponsor Parent/Guardian (consent required if the parent/guardian is not the adult sponsor)
Section 3.	Athlete Recipient	Adult Sponsor
Section 4.	Funding Request	Adult Sponsor
Section 5.	Financial Information	Adult Sponsor

Applications must be submitted to the Provincial KidSport™ Chapter.

Provincial KidSport™ Chapter

Sport Newfoundland and Labrador 1296A Kenmount Rd. Paradise, NL A1L 1N3 Contact person: Rosie Stead

T. 709.579.5977 F. 709.576.7493 E. kidsport@sportnl.ca







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Incomplete applications will be returned

OII OII	ice Use Only
Date application received: / dd /yyyy	Application complete? O Yes O No
Specify any action(s) taken:	
Application approved? O Yes O No For what cal	endar year? Amount of grant: \$
If application is not approved, indicate the reason:	
Approved by: on:	// / Chapter:
To be completed by the Provincial Chapter:	illii dd yyyy
Has the athlete received a KidSport™ grant before? ⊃ Ye	s O No If "Yes", in what year(s)?
Section 1.	KidSport™ Guidelines
Before completing this application, the adult sponsor must KidSport™ Brochure, online at our website (www.kidsport.	read the KidSport™ Guidelines. Guidelines are available in the nl.ca), or by contacting (709) 579-5977.
Section	2. Adult Sponsor
I am initiating this application on behalf of	Athlete
	ource (e.g. JumpStart, R.E.A.L. Program, etc.) for this athlete for the No
If Yes, please provide the organization or progran	n, contact person, and telephone number.
Organization or Program:	
Contact Person:	Telephone: ()
Adult Sponsor: O Mr O Ms	
Relationship to athlete (check one only): O Parent O Go	uardian O Other (please specify)
Street/P.O. Box: Com	munity:
Province/Territory: Postal Code:	_ E-mail:
Telephone: home () work	()cell ()
I have read the KidSport™ Guidelines. I verify that the info	rmation I have provided is current and accurate.
Signature of Adult Sponsor	Date
To be completed by the parent/guardian only if	the adult sponsor is not the parent/guardian.
I give my consent for the adult sponsor to initiate this appli	cation on my behalf.
Parent or Guardian (please print)	Signature of Parent or Guardian Date



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Section 3. Athlete Recipient				
Athlete:	Gender: O Male O Female			
MCP #	Date of Birth: / dd /			
	Community:			
Province/Territory:	Postal Code: Telephone: ()			
	Section 4. Funding Request			
Sport/Recreational Orga	anization:			
Street/P.O. Box:	Community:			
Province/Territory:	Postal Code: Telephone: ()			
Fax: ()	E-mail:			
President, Treasurer, or	Equivalent (e.g. Executive Director) O Mr O Ms			
Position:				
	KidSport™ grant be used?			
Is this the first time the	athlete is participating in this sport? O Yes O No			
If "no", how long has the	e athlete been participating in this sport? year(s)			
Sport Activity (e.g. Atom	n, CanSkate, Swimming Lessons, House League):			
Sport Activity Start and	End Dates (if exact dates have not been set by the organization, please provide estimated dates):			
Start Date: /dd	/ End Date: / /			
Actual Registration/Part	icipant Fee: \$			
Amount Requested:	Registration/Participant Fee \$ Personal Sport Equipment \$ Specify equipment below Total Request \$ Total not to exceed \$300			
If an amount for Persona	al Sport Equipment is specified above, please list the equipment needed (e.g. skates, soccer shoes, racket)			
Important: If the appl	ication is a request for Personal Sport Equipment only, proof of registration is required.			
If you are able to contrib	oute to the funding request, please provide details below:			
I can contribute \$	and/or I can supply the following equipment:			



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Section 5. Financial	nformation				
Gross annual household income in the athlete's household (check one	only):				
○ Less than \$15,000 ○ \$15,000-\$19,999 ○ \$20,000-\$29,999	○ \$30,000-\$39,999 ○ \$40,000 and over				
Number of people living in the athlete's household: children 18 and under adults					
Is the athlete's family a single parent family? O Yes O No					
Please indicate the financial reasons why this application should be considered for a KidSport™ grant (check all that apply):					
O Currently receiving income support through the Provincial Income So	O Currently receiving income support through the Provincial Income Support Program.				
O Currently receiving Employment Insurance (EI).					
O Experienced a change in income over the last several years. Please explain:					
O Other. Please explain:					
PROOF OF INC	OME				
Proof of total family income must accompany application form. You must include A, B or C:					
A. Proof of Total Family Income: Tax Return Summary					
or Notice of Assessment from Canada Revenue					
Agency (if you do not have a copy please call 1-800-959-8281 to have one sent by mail).	DEPARTMENT OF HUMAN RESOURCES STAMP HERE				
B. Proof of Income Support: Authorization from the Department of Human Resources.					
For office locations visit http://www.hrle.gov.nl.ca/hrle/department/contact.html#regions					
<u>OR</u>					
C. Provide a cheque stub of your family's most recent					
Income Support Payment. —	SIGNATURE HERE				
	(Department Official)				