



2011 Application to the KidSport™ Fund

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 local KidSport™ chapter in your area, or, if there is no local chapter in your area, to the Provincial KidSport™ Chapter.

Provincial KidSport™ Chapter

Sport Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Contact person: Rosie Stead
T. 709.579.5977
E. kidsport@sportnl.ca
www.kidsport.nl.ca

Local KidSport™ Chapters

Mount Pearl KidSport™ Chapter
Mount Pearl Sport Alliance
P.O. Box 989
Mount Pearl, NL A1N 3G9
Contact person: Donna Strickland
T. 709.748.6489
E. volcentre@nfld.net
www.mpsportalliance.ca

Tribay KidSport™ Chapter
6 Mountainview Heights
Clareville, NL A5A 1T1
Contact person: Rod Nicholl
T. 709.466.2773
rjnicholl@yahoo.ca

SC KidSport™
P.O. Box 998
Marystown, NL A0E 2M0
Contact person: William Short
T. 709.279.3330
E. scdf@short-circuit.ca

Labrador KidSport™ Chapter
P.O. Box 3014, Stn B
Happy Valley-Goose Bay
Labrador, NL A0P 1E0
Contact person: Trevor Paine
T. 709.896.7251
E. tpaine@gov.nl.ca





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Incomplete applications will be returned

Office Use Only

Date application received: / /
mm dd yyyy

Application complete? Yes No

Specify any action(s) taken: _____

Application approved? Yes No For what calendar year? _____ Amount of grant: \$ _____

If application is not approved, indicate the reason: _____

Approved by: _____ on: / / Chapter: _____
mm dd yyyy

To be completed by the Provincial Chapter:

Has the athlete received a KidSport™ grant before? Yes No If "Yes", in what year(s)? _____

Section 1. KidSport™ Guidelines

Before completing this application, the adult sponsor must read the KidSport™ Guidelines. Guidelines are available in the KidSport™ Brochure, online at our website (www.kidsport.nl.ca), or by contacting (709) 579-5977.

Section 2. Adult Sponsor

The 2011 application is for sport activities that start in 2011.

I am initiating this application on behalf of _____
Athlete

Has anyone applied for funding assistance for any other source (e.g. JumpStart) for this athlete for the sport activity identified in this application? Yes No

If **Yes**, please provide the organization or program, contact person, and telephone number.

Organization or Program: _____

Contact Person: _____ Telephone: () _____

Adult Sponsor: Mr Ms _____

Relationship to athlete (check one only): Parent Guardian Other (please specify) _____

Street/P.O. Box: _____ Community: _____

Province/Territory: _____ Postal Code: _____ E-mail: _____

Telephone: home () _____ work () _____ cell () _____

I have read the KidSport™ Guidelines. I verify that the information 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 application on my behalf.

Parent or Guardian (please print) Signature of Parent or Guardian Date



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Section 3. Athlete Recipient

Athlete: _____ Gender: Male Female
MCP # _____ Date of Birth: ____ / ____ / ____
mm dd yyyy
Street/P.O. Box: _____ Community: _____
Province/Territory: _____ Postal Code: _____ Telephone: () _____

Section 4. Funding Request

Sport/Recreational Organization: _____
Street/P.O. Box: _____ Community: _____
Province/Territory: _____ Postal Code: _____ Telephone: () _____
Fax: () _____ E-mail: _____
President, Treasurer, or Equivalent (e.g. Executive Director) Mr Ms _____
Position: _____
For what sport will the KidSport™ grant be used? _____
Is this the first time the athlete is participating in this sport? Yes No
If "no", how long has the athlete been participating in this sport? ____ year(s)
Sport Activity (e.g. Atom, 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: ____ / ____ / ____ End Date: ____ / ____ / ____
mm dd yyyy mm dd yyyy
Actual Registration/Participant Fee: \$ _____
Amount Requested: Registration/Participant Fee \$ _____
 Personal Sport Equipment \$ _____ **Specify equipment below**
 Total Request \$ _____ **Total not to exceed \$300**

If an amount for Personal Sport Equipment is specified above, please list the equipment needed (e.g. skates, soccer shoes, racket)

Important: If the application is a request for Personal Sport Equipment only, proof of registration is required.

If you are able to contribute 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 Information

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? Yes No

Please indicate the financial reasons why this application should be considered for a KidSport™ grant (check all that apply):

Currently receiving income support through the Provincial Income Support Program.

Currently receiving Employment Insurance (EI).

Experienced a change in income over the last several years. Please explain: _____

Other. Please explain: _____

PROOF OF INCOME

Proof of total family income must accompany application form. You must include A or B:

A. Proof of total family income (for tax return or notice of assessment from Canada Revenue Agency please call 1-800-959-8281

OR

B. Authorization from the Department of Community Services/ Human Relations Labour and Employment for office locations visit <http://www.hrle.gov.nl.ca/hrle/department/contact.html#regions>

DEPARTMENT OF COMMUNITY SERVICES STAMP HERE

SIGNATURE HERE
(Department Official)