

OFFICIAL SPORT GRANT APPLICATION FORM

**PLEASE READ ALL INSTRUCTIONS AND GUIDELINES BEFORE COMPLETING THIS APPLICATION.
FURTHER, PLEASE COMPLETE ALL SECTIONS ON THIS FORM IN ORDER TO BE CONSIDERED**

• Child/Youth Information:

Name: _____ Birth Date (dd/mm/yy): ____ / ____ / ____
Address: _____ City: _____
Postal Code: _____ Tel: (____) _____ Email: _____

• Adult Parent/Guardian/Sponsor for the Child/Youth:

Name: _____ Email: _____
Address: _____ City: _____
Postal Code: _____ Tel: work (____) _____ Tel: home (____) _____

A) Has this child/youth received a grant from KidSport™ West Northumberland? Yes No If yes, please identify year?

B) What is your relationship to the child/youth (e.g. parent/guardian/sponsor)?

C) Is this child being referred from an agency/organization? Yes No

Name of Agency/Org: _____
Contact Person: _____

D) How many Adults currently live in the home: _____ Children: _____

E) A verification of the family's financial situation **MAY BE REQUESTED** before the application is considered. You **SHOULD HAVE AVAILABLE** a copy of the personal income tax **Notice of Assessment** from the most recent taxation year for **ALL** adults (18 and over) living in the home, in case of request.

F) Does this child/youth receive a subsidy for sport activity? Yes No If yes, please identify:

*I have completely read and understood all application instructions and guidelines,
and certify that all information provided, including attachments, are correct and can be independently verified.*

Signature (adult parent/guardian/sponsor): _____ Date: _____

• Purpose of the Grant:

- Equipment – (You must provide a detailed summary of the items and all costs - prepared and endorsed by a local retailer)
Name of Retailer: _____ \$ _____
- Registration Fees – Club's Name: _____ \$ _____
(You must submit a copy of the sport club registration form to support your financial grant request)
- TOTAL (Max. \$250) \$ _____

Sport Name (e.g. hockey): _____ Club/Org Name: _____

Contact Name: _____ Address: _____

City: _____ Tel: (____) _____

Applications must be submitted at least 30 days prior to the start date of the activity in order to be considered

Sporting activity start date: _____ Sporting activity end date: _____

• Endorsement:

REFERRALS DIRECTLY FROM SOCIAL SERVICE AGENCIES DO NOT NEED TO COMPLETE

The endorser ensures that funds go to a deserved applicant. He/she is a "community professional", who is an objective, independent, arm's-length individual who is familiar with the family and is in a professional position to **identify** and **assess** the family's specific economic and/or social barriers. Examples of qualified endorsers are: social/community workers, doctors, principals/teachers, police officers, and government caseworkers, etc.

The endorser is required to prepare a written letter, on official letterhead, providing a clear and detailed description of the economic and/or social barriers impacting the family, in addition to identifying the type and length of their professional relationship with the family.

Name: _____ Relationship to family: _____

Organization: _____ Title: _____

Address: _____ City: _____ Postal Code: _____

Tel (w): (____) _____ Tel (h): (____) _____ Email: _____

I have completely read and understood all application instructions and guidelines. Further, I believe all information on this application is true, and to verify, I agree to participate in a brief telephone follow-up.

Signature: _____ Date (dd/mm/year): ____ / ____ / ____

PLEASE ENSURE THAT ALL FIELDS HAVE BEEN COMPLETED IN ORDER TO BE CONSIDERED.