



## OFFICIAL SPORT GRANT APPLICATION FORM

**PLEASE READ ALL INSTRUCTIONS AND GUIDELINES, AND COMPLETE ALL SECTIONS 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)** Please identify: Your relationship to the child/youth (e.g. parent/guardian/sponsor): \_\_\_\_\_  
**B)** Please indicate: # of adults living in home: \_\_\_\_\_ # of children living in home: \_\_\_\_\_  
**C)** A verification of the family's financial situation **MUST** be included before the application is considered. You **MUST** attach 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.

*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: \_\_\_\_\_

**VERIFICATION OF INCOME MUST ACCOMPANY THIS APPLICATION FOR IT TO BE CONSIDERED COMPLETE**

- **Purpose of the Grant:** Sport grants are only eligible for equipment and/or registration fees, and are based on the application guidelines. **All applications must be submitted at least 45 calendar days prior to the start of the sport activity in order to be considered. \*\*\*\*Non-profit and sanctioned sporting groups only will be considered.\*\*\*\*\***

I would like to request a sport grant for:

- Equipment – (please see guidelines for required documentation in order to be considered)  
Name of Retailer: \_\_\_\_\_ \$ \_\_\_\_\_  
 Registration Fees – Club's Name: \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL (Max. \$250) \$ \_\_\_\_\_

Sport Name (e.g. hockey): \_\_\_\_\_ Club Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
Sport activity start date: \_\_\_\_\_ Sport activity end date: \_\_\_\_\_

- **Endorsement:** The endorser ensures that funds go to a deserved applicant. He/she is a "community professional", who is an objective, independent individual who is familiar with the family and is in a professional position to identify and assess the family's 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 letterhead, providing a clear and detailed description the economic and/or social barriers impacting this family, in addition to identifying the type and length of their 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.**

FOR OFFICIAL USE ONLY  
Date Received: \_\_\_\_\_

**KidSport™ Ontario and its members will fully protect the confidentiality of all applicants and endorsements.**