



Application Form

Contact us for more info

KidSport Nova Scotia
5516 Spring Garden Rd.
4th Floor
Halifax, NS B3J 1G6
P: 902.425.5450 ext. 350
F: 902.425.5606
E: kidsport@sportnovascotia.ca

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

OR your local KidSport Chapter:

Kidsport Pictou County
PO Box 910
Pictou, NS
B0K 1H0
P: 902.485.8528
F: 902.485.6475

Email: cindy.fraser@munpict.ca

KidSport is provincially operated by:

 **sport nova scotia**

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 **Complete** applications will receive a letter no more than four weeks after the deadline notifying them of the status of their application.



Application Form (to be completed by an adult)



PARENT/GUARDIAN INFORMATION

Parent/Guardian _____

Address _____

City _____ Postal Code _____

Daytime Telephone _____ E-mail _____

Choose One: Single-Parent Dual-Parent Number of children in the family _____

Signature of Parent/Guardian _____

APPLICANT INFORMATION

Please select a deadline you are applying for:

January 2 March 1 May 1 July 2 September 3 October 1 November 1

Child's Name _____ Date of Birth _____

Address _____

City _____ Postal Code _____

Telephone _____ male female

Name of sport participating in _____

Name and mailing address of league, association or club that cheque is payable to _____

PROOF OF TOTAL FAMILY INCOME MUST ACCOMPANY APPLICATION FORM. YOU MUST INCLUDE A OR B:

A. Proof of total family income (for tax summary or notice of assessment call 1-800-959-8281);
OR

B. Authorization from the Department of Community Services or community services agency (for office locations visit www.gov.ns.ca/coms). _____

Has this athlete received previous KidSport funding? Yes No

Grant Request: Expenses for the grant will be used for:

Registration/Participation Fees \$ _____

Equipment Fee Request \$ _____

Total Fee Request \$ _____

Equipment: _____

* 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 the nearest sporting goods retailer:

I would like to receive information and updates related to KidSport Yes No

IMPORTANT: KidSport Nova Scotia and its affiliated chapters agree that any information provided by the applicant shall be retained by KidSport Nova Scotia and/or its affiliated chapters. Information may be released to funding partners upon request, but will not be released to any other party without the expressed written consent of the applicant (other than the sport organization for which funding has been requested).

Funding Partner

Program Sponsors

