KidSport™

So ALL Kids Can Play!

Individual Application Form

For more information, contact us:

KidSport Saskatchewan
1870 Lorne Street
Regina, SK S4P 2L7

1-800-319-GAME (4263)
kidsport@sasksport.ca

KidSport Saskatchewan serves communities throughout the province where Local KidSport Chapters do not exist.

Proudly supported by:

SaskTel

KidSport helps children of families facing financial obstacles to participate in sport, so that no kid is left on the sidelines.

Who is eligible to receive a KidSport grant?

- Families that are low-income and facing financial barriers.
- Grants are for children and youth 5 to 18 years of age.
- Amateur sport programs.

What does KidSport cover?

- Children could be eligible for up to, but not guaranteed financial support of $500.00 per child per calendar year (Jan-Dec).
- Applications must be submitted before the start date of the sport activity.
- Costs related to camps, travel, championships, high performance do not qualify.
- Dance is not covered. For a list of eligible sports, please visit: **www.kidsport.ca/sk**
- Generally accepted sport activities are those recognized and/or sanctioned by the member organizations of Sask Sport Inc.

How to apply to KidSport:

1. Application forms are available on our website: **www.kidsport.ca/sk**
2. Register your child into a sport program.
3. Complete the KidSport application form.
   Incomplete application forms will be returned.
4. Submit the completed application to your Local KidSport Chapter that is listed on the application form.
5. Please allow up to 30 days for notification of application status.

If the application has been approved, KidSport will issue funds directly to the sport organization on behalf of the child.

Individual Application Form

Participant Information

Name: _____ School Attending: _____

Gender: _____ Date of Birth: _____ Age: _____

Please select if the participant identifies as one of the following populations (voluntary, for statistical purposes only):

☐ Indigenous (First Nations, Metis, Inuit) ☐ Athlete with a Disability ☐ New Canadian

☐ Prefer to self-describe _____

Parent/Guardian Information

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Postal Code: _____

Mailing Address: _____ City: _____ Postal Code: _____
(if different than above)

Phone: _____ Email: _____

How would you like to be contacted by KidSport for application status: ☐ Email ☐ Mail

Please select the option(s) below that identify your reason for applying to KidSport for financial assistance.

☐ Low income ☐ Single parent ☐ Recent job loss (E.I./Disability) ☐ Health issue ☐ Other _____

I am interested in volunteering for KidSport: ☐ Yes ☐ No

Sport Information

Sport Organization/Club: Gelico Gymnastics Sport: Gymnastics Contact: Nicole Sinclair

Mailing Address: PO Box 2024 City: Swift Current Postal Code: S9H 4M7

Phone: _____ Email: gelicogymnastics@live.com

Program Start Date: Sep 12, 2022 End Date: Dec 19, 2022

Does the child require sports equipment to participate? ☐ Yes ☐ No

If yes, please specify equipment? _____

Registration Fee: $ _____

Equipment Cost: $ _____

Total Requested: $ 0.00

Household Information

Number of adults in the home (over 18 years of age): _____ Number of children in the home: _____

What is the total income for your household in a year? (Please include all income earners in the household) $ _____

Applicants may be asked to provide proof of income at committees discretion.

By signing below, I confirm that all information in this application is accurate.

Parent/Guardian Signature: _____ Date: _____

Income Verification

Please attach a copy of one of the following documents for **ALL** income earners in the household:

☐ Most recent Canada Revenue Agency Notice of Assessment (NOA)

☐ Three (3) most recent pay stubs

☐ Assistance program document

CONFIDENTIALITY:
All information provided is kept in the strictest confidence. The information contained on this application form is used solely for the purpose of adjudicating the grant request. Personal information shall not be used or disclosed for purposes other than that for which it was collected.

OR

Endorser Verification

The endorser is a third party and can assess the financial situation of the family. Please choose one of the following as your endorser:

☐ Social Worker ☐ Lawyer ☐ Teacher/Principal ☐ Dream Broker

Name: _____

Organization: _____

Position: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

I, _____, verify that the family of this applicant has financial need and should qualify to receive a grant from KidSport. I agree to be contacted by KidSport for follow-up if required.

Endorser Signature: _____

Date: _____

Submit Grant Application to:

KidSport Swift Current
Box 1994, Swift Current, SK S9H 4M7

kidsportsc@gmail.com
Fax: 306 778-3769