

## KidSport™ Chapters

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## Guidelines for Grants

- Preference is given to children who are being introduced into organized sport.
- Grants will not exceed a maximum of \$200 per calendar year.
- Grants to individual children are designed to address the financial obstacles that prevent children from participating in sport
- Grants may be used only for the payment of participant fees and/or mandatory personal sport equipment.
- Sport activities must be recognized by the member organizations of Sport New Brunswick.
- Children 18 years old and under are eligible.
- Travel to play-offs, championships, camps and equipment upgrades etc. are not an eligible expense.
- KidSport™ grants are not meant to replace existing recreation or social services funding for sport participation.
- The KidSport™ Fund will issue funds to a recognized sport organization on behalf of the child recipient or arrange for the purchase of equipment.



**KidSport™**

So ALL Kids Can Play!

Application Form



Deadlines:

January 31, May 1, and  
September 1

[www.KidSport.ca](http://www.KidSport.ca)

## ALL INFORMATION MUST BE COMPLETED

<b>Section 1: Child Information – Please Print</b>			
First Name:		Last Name:	
Address:			
City:		Postal Code:	
Telephone: (506)		Gender: Male _____ Female _____	
Date of Birth:		Sport funding will be used for:	
Has your child previously received KidSport Funding? Yes: ___ No: ___ If yes, how many times? _____		Is this the first time participating in this sport? Yes: ___ No: ___ If no, how many times? _____	
<b>Section 2: Funding Request Information</b>			
Name of Organization/Association/Club or League:			
Contact Name:		Phone:	
Email:			
Mailing Address:			Postal Code:
Amount Requested:		If request is for equipment only, please provide proof of registration. We cannot guarantee funding for equipment. Please list equipment and the cost(i.e. shin pads \$30) _____ _____ _____	
Registration Fee:\$ _____			
Equipment:\$ _____			
<i>Total Request:\$ _____</i>			
<b>Section 3: Parent/Guardian Information</b>			
First Name:		Last Name:	
Address:			
City:		Postal Code:	
Relationship to child:		Number of Children in the Family:	Occupation:
<i>Please check the options that apply to you:</i> Social Assistance: _____ Single Parent: _____ Married: _____ Common Law: _____ Foster Parent: _____ Dual Parent Family: _____			
<b>Section 4: Proof of Income</b>			
A Notice of Assessment from <u>each</u> adult in the home <b><u>MUST</u></b> accompany all application forms. We <u>do not</u> accept T4 or Tax Summaries. Your previous income tax Notice of Assessment(s) may be obtained by phoning 1-800-959-8281			
Signature of Parent/Guardian:			Date:

**Confidentiality of all applicants will be protected.**