

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:

Digby

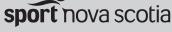
PO Box 1269 Digby, NS BOV 1A0 P: 902.245.1949 F: 902.245.1944

Annapolis:

P.O. Box 609 271 Granville St. Bridgetown, NS BOS 1C0 P: 902.665.4010 F: 902.665.5011

Email: darc@ns.aliantzinc.ca

KidSport is provincially operated by:



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 \$500.
- 4 Grants for equipment only will not exceed \$500 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 <u>Complete</u> applications will receive a letter no more than four weeks after the deadline notifying them of the status of their application.



Application Form

Kidsport	2021

PARENT/GUARDIAN INFORMATION

Parent/Guardian:			
Telephone:		E-mail:	
Choose One: Single-Parer	t 🗌 Dual-Parent 🗌	# of children in household 1	8 years or younger:
Please select a deadline yo take up to 30 days to receiv			dline dates. Status updates ca
January 4 🗌 🛛 March 1	May 3 July 2	2 September 1 🦳 🤅	October 1 November 1
APPLICANT INFORMATION			
Name:		Date of Birth:YYY	- MM - DD Male Female
Child resides at same addre	ss: 🔲 If different:		
Please select if your child is Has your child received Kids			dian: 🗌 African Nova Scotian
GRANT REQUEST			
Name of sport participating	in:		
Name of sport organization			
Registration fees \$:	Equipment fe	es \$: Total requ	est (Max \$500) \$:
Equipment requested : *if request is for equipment or	ıly, please provide proof of reç	gistration.	
Is there a Cleve's Source for	· Sports location in your are	ea? Yes 🗌 No 🗌	
If no, please list the name o	f the nearest sporting good	ls retails:	
A Canada Revenue / 1-800-959-8281 to <u>OR</u>	Agency Notice of Assessme request one. m the Department of Comm		T INCLUDE A <u>OR</u> B: Stamp Here
PARENT/GUARDIAN SIGNA	URE:	,	SIGNATURE HERE
I consent the information	presented in this application	ion is true and complete to th	e best of my knowledge.
Signature:		Date:	
Nova Scotia and/or its affiliated	chapters. Information may be re		he applicant shall be retained by Kid vest, but will not be released to any o hich funding has been requested).
Partner Equipme	nt Sponsor	Program Sponsors	









