



KidSport Northumberland Grant Application Form

PLEASE READ ALL KIDSPORT GRANT GUIDELINES ON BACK OF GRANT BEFORE STARTING

SECTION 1: CHILD INFORMATION (18 yrs and under)

| | |
|--------------|--------------------------|
| First Name: | Last Name: |
| Address: | Unit #: |
| City: | Postal Code: |
| Telephone: | |
| Male/Female: | Birth Date: (mm/dd/yyyy) |

SECTION 2: ADULT SPONSOR (PARENT OR LEGAL GUARDIAN) and SIGNATURE

| | |
|---|------------------------------------|
| First Name: | Last Name: |
| Address: | Unit #: |
| City: | Postal Code: |
| Relationship to Child: | How many adults in home (over 18)? |
| Have you rec'd KidSport Funding before? | How many children in the home? |

Is this child referred from an Agency/Organization?
 Name and Contact Person: _____

I have read and understood all application instructions and guidelines and certify that all information provided are correct.

Signature: _____ **Date:** _____

SECTION 3: FUNDING REQUEST

| | |
|---|---------------|
| Sport: | Organization: |
| Address: | |
| City: | Postal Code: |
| Sport Activity Start and End Date: ___/___/___ - ___/___/___ | |

Equipment Details: If requesting support for equipment costs, you must provide a detailed summary of the items and all costs prepared by a local retailer)

Name of Retailer: _____
 Details: _____

| | |
|---|------------------------------------|
| Amount Requested Not to Exceed \$250 | Registration Fee: \$ _____ |
| **Must attach Equipment Quote | Equipment Quote: \$ _____ |
| | Total Request (max \$250) \$ _____ |

SECTION 4: INCOME VERIFICATION

Gross Annual Household Income (Check one):

Less than \$15,000 _____ \$15,000-\$19,999 _____ \$20,000-\$29,999 _____ \$30,000-\$39,000 _____ \$40,000 & over _____

****A verification of the family's financial situation MAY BE REQUESTED****
 You should have available a copy of personal tax Notice of Assessment from the most recent taxation year for ALL adults living in the home in case of request.

SECTION 5: ENDORSEMENT and SIGNATURE

The Endorser acts as an objective third party who is familiar with the family and is in a position to assess the barriers facing the family (**Note: an endorser cannot be a parent/guardian or family member**)

Important: An endorsement letter must be included on letterhead with contact information outlining the barriers the family is facing. A follow-up call to endorser may be required.

The Endorser should be one of the following (check one):

Professional in family services or social worker _____ Teacher _____ Principal _____ Member of Clergy _____
 Family Doctor _____ Police Officer _____ Lawyer _____ Accountant _____ Employer _____

Name: _____ Organization: _____
 Phone: _____

I have 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:** _____

