



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.*

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**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](http://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](http://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: \_\_\_\_\_ Sport: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Registration Fee: \$** \_\_\_\_\_

## 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 Unity  
Box 1030  
Unity, SK S0K 4L0

Email: [unity.recreation@sasktel.net](mailto:unity.recreation@sasktel.net)

Fax: (306) 228-2621 Ext 3