



# The KidSport™ Fund

## Application for Financial Assistance

So ALL Kids  
Can Play!

Administered by



Corporate Sponsor



STRONGER COMMUNITIES TOGETHER™

# Application to the KidSport™ Fund

## **STEP 1** CHILD INFORMATION

Child's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

[ ] Male [ ] Female Birth date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Number of Children in Family \_\_\_\_\_

Has this child ever received KidSport™ funding assistance before? [ ] Yes [ ] No **If YES when?** \_\_\_\_\_

Sport which child will be participating in: \_\_\_\_\_ Number of years in this sport: \_\_\_\_\_

Sport Organization/Club Participating in: The Pas Minor Hockey Association

Total Registration Fee: \_\_\_\_\_ **Less** Portion Family can Pay: \_\_\_\_\_ **Funding Request:** \_\_\_\_\_

**I authorize KidSport and the Sport Organization to discuss the status of my application**

**Parent/Sponsor/Guardian Signature** \_\_\_\_\_ **Date :** \_\_\_\_\_

## **STEP 2** PARENT / SPONSOR / GUARDIAN INFORMATION

**The parent/guardian/sponsor will act as the contact person for the child and will receive all correspondence.**

Name (Last:) \_\_\_\_\_ (First): \_\_\_\_\_

Address (if different from Child's): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to Child (i.e. Parent/Sponsor/Guardian/other): \_\_\_\_\_

Please check one: Single Parent Family [ ] Married [ ] Common-law [ ]

**PLEASE INCLUDE YOUR PARTNERS INCOME WHEN INDICATING YOUR TOTAL HOUSEHOLD ANNUAL INCOME.**

Do any of the following apply to your family? [ ] Social Assistance [ ] Foster Parent  
**IF YES - PROOF OF STATUS MUST ACCOMPANY APPLICATION – SEE POLICY “F”**

Please check one of the following, which best indicates the total household annual income, including all additional support (i.e. spouse, Common-Law spouse, child support, etc.).

[ ] Below \$15,000/yr [ ] \$15,000 - \$25,000/yr [ ] \$25,000 - \$35,000/yr [ ] Over \$35,000/yr

**PROOF OF INCOME MUST ACCOMPANY APPLICATION – SEE POLICY “E”**

**STEP 3 FUNDING REQUEST (to be completed by Sport Organization/Club)**

Sport Organization/Club: The Pas Minor Hockey Association

Cheque to be made payable to: The Pas Minor Hockey Association

Sport Organization Mailing Address: Box 794, The Pas, MB Postal Code: R9A 1K8

Sport Organization Contact: Robert Haukaas Position: 2nd Vice President

Sport Organization Signature: \_\_\_\_\_ Telephone: 624-5747

**PLEASE NOTE: FUNDING CHEQUES ARE SENT DIRECTLY TO SPORT ORGANIZATION**

Sport Registration Fee: \$ \_\_\_\_\_ (not including fundraising bonds, canteen bonds, pictures etc.)

Program Dates: (Start) August 27, 2007 (End) April 13, 2008

**FUNDING POLICIES**

- A) Financial assistance to individual athletes is designed to help children ages 5-18 who would not play a sport without KidSport™. Preference is given to children being introduced to a sport.
- B) Financial assistance is disbursed up to a maximum of \$300 in a calendar year per athlete.
- C) Sport activities must be affiliated with organizations recognized by Sport Manitoba.
- D) Costs relating to camps, travel, championships, etc. do not qualify.
- E) A Copy of Canada Customs and Revenue Agency Notice of Assessment must be provided as requested in Step 1 of this application. **Applications will not be processed without these forms.** If you do not have your most recent Notice of Assessment, contact Revenue Canada at: 1-800-959-8281 to obtain a copy.
- F) If you are a Foster Parent, or on Social Assistance, please provide proof of Foster Parent Status, or Social Assistance.

**PLEASE REMEMBER THAT ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE RETAINED BY KIDSPORT MB AND SHALL NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE EXPRESSED WRITTEN CONSENT OF THE APPLICANT.**

**ANNUAL DEADLINES: April 30 July 15 (Winnipeg ONLY) October 15**

(Please apply for sessions starting between these dates at the earlier deadline. For example if one session of your sport is Oct to Dec, and the second is Jan to March, apply for both in Oct.)

**WHERE DO I MAIL THE FORM?**

**Sport Manitoba - Norman Region**

Box 21 - 59 Elizabeth Street, Thompson, MB. R8N 1X4, 204-778-3109 (Fax) -204-677-6862

**QUESTIONS?**

**Call KidSport at 1-866-774-2220**

**Applications must be complete and received by the deadline to be considered.  
If you need help completing this form please call number above for assistance.**