

APPLICATION FORM SASKATOON KidSport



DEADLINE - September 15, 2009

Fall/Winter SPORTS (Applicants will be notified of the status of their application by October 15/09)

MISSION

Saskatoon KidSport provides financial assistance for youth from low-income families to help them to participate in sport. Children between the ages of 6-18, WHO ARE LACKING THE MONEY TO PARTICIPATE IN SPORT, are eligible for assistance.

GUIDELINES FOR ASSISTANCE

Complete the application form entirely. Applications <u>MUST</u> be received before September 15th to be considered for this funding period. Since requests always exceed the funds available, KidSport cannot guarantee assistance.

An adult sponsor who knows the child/family and can confirm their financial need must sign the application. The sponsor **MUST** be one of the following: child's school teacher/principal, professional in social work or family/health services, police officer, or member of the clergy.

- Youth between the ages of 6-18, as of the application deadline, WHO ARE RESIDENTS OF SASKATOON, are eligible for financial support.
- Please ensure that your child is registered in the program to receive financial assistance.
- Preference is given to participants who are being introduced into organized sport.
- No assistance is available for travel, sport camps, swimming lessons, elite training, or to organizations that are from the for-profit sector. Please ensure to check with the organization prior to sending your application form.
- Support is limited to a maximum of \$300 per participant for community **sport** programs annually.

Saskatoon KidSport sends the money directly to a club, league, or association on behalf of the participant.

RETURN THIS APPLICATION (Mail, Fax, OR Drop Off) by 5:00 PM on September 15, 2009 TO:

Saskatoon KidSport 510 Cynthia Street, SASKATOON, SK S7L 7K7 PHONE: 975-0871 FAX: 242-8007

OVER

-All sections of this application must be completed or the application will not be processed-**CHILD'S INFORMATION** Name: _____ Birth date: (Must be 6 as of March 15^{th}) (Day/Month/Year) Gender (Please Circle): Male Female Postal Code: ____ Address: Telephone: Parent/Guardian: ** Please outline why you need financial assistance under this program. KidSport may contact you to provide income information to confirm financial need. **Gross MONTHLY Household Family Income: **Number of People in household: PROOF OF ANNUAL HOUSEHOLD INCOME MAY BE REQUESTED AND YOUR SPONSER MAY BE CONTACTED Signature Parent/Guardian: _____ Date: _____ Date: _____ SPORT INFORMATION Sport: ______Name of Club/Association cheque is payable to: ______ Secretary/Treasurer Of League: ______ Telephone: _____ Address: _____ Postal Code: _____ Registration Date: Start Date End Date Registration/Participation Fee \$_____ Total Requested (Maximum \$300 annually) \$ (Can Not Exceed Registration Fee) Have you received funding from KidSport before? NO _____ YES____ Year's_____ Will you receive funding assistance from any other source: if yes, please explain ______ What other sport activities does your child participate in? Adult Endorsement – Please Read Before Completing Your role is critical to the productive use of Kidsport funds. As the endorser, you should have a good understanding of the applicant's family financial situation and their ability to pay registration fees for the above sport. Only endorse those applicants that you know are in need. ADULT ENDORSER MUST BE ONE OF THE FOLLOWING (Please Circle) Child's Teacher/Principal A Professional in Health/Social Work/Family Services Member of the Clergy Community School Coordinator Police Officer Sponsors Name: ____ Sponsor's Employer_____ Telephone: _____ I am aware of this family's current financial situation and recommend they be considered for KidSport Funding:

Late or incomplete applications are not accepted and will not be funded

Signature Sponsor Date: