

So ALL Kids
Can Play!

APPLICATION FORM SASKATOON KidSport



DEADLINE – October 1st, 2011

Fall/Winter SPORTS

MISSION: Saskatoon KidSport provides financial assistance for youth from low-income families to help them to participate in sport. Children between the ages of 5-18, WHO ARE LACKING THE MONEY TO PARTICIPATE IN SPORT, are eligible for assistance.

GUIDELINES FOR ASSISTANCE

Complete the application form entirely. Applications **MUST** be received before **October 1st** 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 5-18, 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 October 1st, 2011 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: _____ Age _____
(Day/Month/Year) (Must be 5 as of Mar 30th)

Gender (Please Circle): Male Female

Address: _____ Postal Code: _____

Parent/Guardian: _____ Telephone: _____

**** 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: _____

SPORT INFORMATION

Sport: Soccer Name of Club/Association cheque is payable to: **SUSC**

Sport Contact: **Lisette Denis** Telephone #: **306-978-8178**

Registration Date: **Aug 31st, and Sept 1st 2011** Start Date **Oct 11th** End Date **March 3rd** finals to follow

Registration/Participation Fee \$475.00 Startup / tournament fee \$100.00

Total Requested: \$575.00 (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 _____

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
- Police Officer
- Community School Coordinator

Sponsors Name (PLEASE PRINT): _____

Sponsor's Employer _____ Telephone: _____

I am aware of this family's current financial situation and recommend they be considered for KidSport Funding:

Signature Sponsor _____ Date: _____

*****Late, incomplete or illegible applications are not accepted and will not be funded*****