

So ALL Kids
Can Play!



APPLICATION FORM SASKATOON KidSport

DEADLINE – March 30, 2011

Spring/Summer Sports
**(Applicants will be notified of the status
of their application by April 30/2011)**

MISSION

Saskatoon KidSport provides financial assistance for youth from low-income families to help them to participate in organized 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. **Funding will only be provided for one sport per child for each application deadline.** Applications **MUST** be received before **March 30th** 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, 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 per calendar year (January – December).

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 4:30PM on **March 30, 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 March 30th, 2011)

Gender (Please Circle): Male Female

Address: _____ Postal Code: _____

Parent/Guardian: _____ Telephone: _____

**Gross MONTHLY Household Family Income: _____ **Number of People in household: _____

PROOF OF ANNUAL HOUSEHOLD INCOME MAY BE REQUESTED AND YOUR SPONSER MAY BE CONTACTED

***** Please outline why you need financial assistance under this program. KidSport may contact you to provide income information to confirm financial need.***

Signature Parent/Guardian: _____ Date: _____

SPORT INFORMATION

Sport: _____ Name of Club/Association cheque is payable to: _____

Club Contact: _____ Telephone #/Email: _____

Registration Date: _____ Start Date _____ End Date _____

Registration/Participation Fee \$ _____

Total Requested (Maximum \$300 annually) \$ _____
(Can Not Exceed Registration Fee)

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 Dreambroker

Sponsors Name (PLEASE PRINT): _____

Sponsor’s Employer _____ Telephone/Email: _____

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*****