



Individual Application Form

Participant Information (Please print clearly)

Name: _____

Gender: M / F Date of Birth: (DD/MM/YYYY) _____

Address: _____

City: _____ Postal Code: _____

Parent/Guardian Information

Name: _____

Address: (if different than above) _____

City: _____ Postal Code: _____

Phone: (Home) _____ Phone: (Work) _____

Email: _____

Relationship to Child: _____

Have you received KidSport funding within this calendar year?
 Yes No If yes, which month? _____ How much? \$ _____

Please outline why you need financial assistance under this program. KidSport may contact you for further information. Please attach additional page if more space is required.

Parent/Guardian Signature: _____

Date: _____

Sport Information

Sport Organization/Club: _____

Contact: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Program Start Date: _____ End Date: _____

Registration Fee: \$ _____

Equipment Requests

Does the child require sports equipment to participate? Yes No

If Yes, please specify equipment needed. (example: skates, racket, etc.)

Equipment Cost: \$ _____

Total Amount Requested from KidSport:
(up to \$750 per child per year) \$ _____

Family Income Information

of adults in the home: _____

of children in the home: _____

Single parent family

Dual parent family

Foster parent

Please indicate the combined gross annual income of the household:

\$ _____

Endorser Signature

The endorser acts as an objective third party from the community who is familiar with the family and can assess the financial barriers facing the family.

Please select one of the following for the application endorser:

- Professional from Health / Social Work / Family Services
- Teacher
- Principal
- Community Police Officer
- Member of Clergy
- 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.

Signature: _____ Date: _____

Submit Grant Application

~~Warman & Area KidSport~~
~~Box 810~~
~~Warman, SK S0K 4S6~~

Langham Town
Office

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.