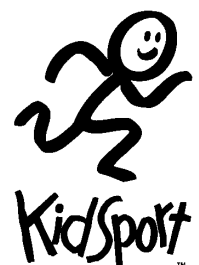


# The KidSport™ Fund

## High Performance Athlete Application for Financial Assistance

So ALL Kids  
Can Play!



Administered by



Corporate Sponsor



STRONGER COMMUNITIES TOGETHER™

# High Performance 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: \_\_\_\_\_

Provincial Team Roster Participating in: \_\_\_\_\_

Total Program Cost (incurred by the family): \_\_\_\_\_

**Less** Portion Family can Pay: \_\_\_\_\_ **Funding Request:** \_\_\_\_\_

**I authorize KidSport and the Provincial 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 Provincial Sport Organization)**

Provincial Sport Organization: \_\_\_\_\_

Cheque to be made payable to: \_\_\_\_\_

Provincial Sport Organization Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Provincial Sport Organization Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Provincial Sport Organization Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Sport Program Fee: \$ \_\_\_\_\_

Program Dates: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

**High Performance FUNDING POLICIES**

- A) Financial assistance to individual athletes is designed to help children ages 18 and under who would not be able to participate on a provincial team without KidSport™.
- B) Financial assistance is disbursed up to a maximum of \$500 in a calendar year per provincial level athlete. If the athlete has been a recipient of KidSport Funding during the calendar year, the additional maximum disbursement applicable will be \$500 less the portion of KidSport funding previously received.
- C) Activities must be at a Provincial Team level and must be affiliated with the Provincial Sport Organizations recognized by Sport Manitoba.
- D) Any Provincial Team Program Costs relating to camps, travel, championships etc. **do** 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.
- G) Financial needs will be assessed no differently than the regular KidSport Funding Applications, however the associated costs of being involved in the provincial training program will be taken into consideration.

**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.**

**WHERE DO I MAIL/FAX THE FORM?**

KidSport Manitoba  
Provincial KidSport Office  
200 Main Street, Winnipeg, MB R3C 4M2  
Fax: (204) 925-5916

**QUESTIONS?**

Call KidSport at (204) 926-8351 or Toll Free at 1-866-774-2220 Fax: (204) 925-5916

Applications must be complete to be considered.

If you need help completing this form please call number above for assistance.