



**ABORIGINAL KIDSPORT FUND**

**CHILD'S INFORMATION** (Please Print) **Confidentiality of all recipients will be protected.**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the child between 5-18 years of age? Yes  No  Male  Female

Has your child previously received Kidsport funding? Yes  No  If yes, how many times? \_\_\_\_\_

**Sport Club Information**

Sport for which the Aboriginal KidSport™ grant will be used: \_\_\_\_\_

Name of league, local association or club: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ PC \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Is this the first time participating in this sport Yes  No  If no, how many times has he/she been involved? \_\_\_\_\_

**Request:**

Please indicate for which of the following the grant will be used by entering the corresponding amount required.

Registration/Participation fees.....\$ \_\_\_\_\_

\*Personal Sport Equipment.....\$ \_\_\_\_\_

\*Individual travel to programming.....\$ \_\_\_\_\_

(4) Add lines (1) + (2) (3) Total Request.....\$ \_\_\_\_\_

\*If request is for equipment only, please provide proof of registration. If you chose (2), please specify what sport equipment will be needed and the cost of the individual equipment: (i.e. shinpads, racket, etc.) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (to be completed by an adult)**

Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

First Nation & Postal Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Number of children in the family under 18 years of age: \_\_\_\_\_

Do any of the following apply? Social assistance  Single parent  Special needs child

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ADULT ENDORSER**

**Adult endorsers must be one of the following:**

- a school teacher, principal or community school worker • a law enforcement officer
- a professional in health / social work / family services • a member of the clergy

**ADVICE TO THE ENDORSER OF A ABORIGINAL KIDSPORT™ APPLICATION**

Your role is critical to the productive use of Aboriginal KidSport™. As the endorser, you should have a good understanding of the applicant's family financial situation and their inability to pay for registration fees for the above sport. Only endorse those applications that you know are in need.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ How do you know the participant: \_\_\_\_\_

**Is the grant essential in order for this applicant to participate in the sport?**

Yes  No

*I am aware of this family's current situation and recommend they be considered for KidSport™ funding.*

Signature of Endorser: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETED**