



2017 Application for Financial Assistance

FUNDING POLICIES

- A) Deadlines are the 15th of each month (or the last working day prior to the 15th). Please allow a minimum of 3 weeks after deadline date for processing. Both the Parent/Guardian and Sport Organization/Club will receive a letter indicating the outcome of the application.
- B) Applications must be complete and received in the Winnipeg or rural Manitoba office (see contact information on page 2) by 4:30pm on the day of deadline to be considered. Applications received later will be carried over to the next deadline. If you need assistance completing this form, please contact your Regional Office.
- C) Funding cannot be provided for programs that have already been completed.
- D) **Sport Information section must have an original signature** from a Sport Organization representative.
- E) Official proof of total income must be provided for **all adults/guardians** living in the home. **Income is based on total income, not taxable income. Applications will not be processed without proof of income.** Acceptable proof of income includes Canada Customs and Revenue Agency Notice of Assessment (If you do not have your most recent Canada Customs and Revenue Agency Notice of Assessment, contact Revenue Canada at 1-800-959-8281); however additional proof of income, such as pay stubs, a Social Assistance budget, or letter from a case worker, will be required for income statements showing \$0 as the total income. Black out your SIN before sending. Please contact your Regional Office if you have questions regarding acceptable proofs of income.
- F) If you are a Foster Parent for the child applying or if you are on Social Assistance, please provide proof of Foster Parent Status or Social Assistance Status.
- G) Financial assistance to individual athletes is designed to help children ages 18 and under who would not play a sport without KidSport™. Preference is given to children being introduced to a sport.
- H) Financial assistance is disbursed up to a maximum of \$300 in a calendar year per athlete. **Eligible applicants may not necessarily receive their full funding request.**
- I) Sport activities must be affiliated with organizations recognized by Sport Manitoba.
- J) Costs relating to camps, travel, championships, uniforms, etc. do not qualify.
- K) Funding cheques are sent directly to Sport Organizations/Club. Cheques cannot be issued to individuals.

WHERE DO I MAIL OR FAX THE FORM?

If you live **IN Winnipeg** send to the Winnipeg office:

145 Pacific Ave, Winnipeg MB, R3B 2Z6 OR (Fax) 204-809-4659

kswinnipeg@sportmanitoba.ca

If you live **OUTSIDE of Winnipeg** send to the rural Manitoba office:

Rm. 235, 1430 Victoria Avenue East, Brandon MB, R7A 2A9 or (Fax) 1-888-280-1240

ksrural@sportmanitoba.ca

If you need assistance completing this form please contact your Regional Office

North Region

204-679-6550 or north@sportmanitoba.ca

South Region

204-325-1550 or south@sportmanitoba.ca

East Region

204-268-2172 or east@sportmanitoba.ca

West Region

204- 725-8753 or west@sportmanitoba.ca

Winnipeg Region

204-925-5922 or kswinnipeg@sportmanitoba.ca

QUESTIONS?

Call **KidSport** Toll Free at **1-866-774-2220**

STEP 1 CHILD INFORMATION

Child's Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

 Male Female Age _____ Birth Date: Year _____ Month _____ Day _____

Number of Dependent Children in Family (Age 18 and Under): _____

Has this Child Ever Received KidSport™ Funding Assistance Before? Yes No If YES when? _____

Sport applying for: _____ Number of Years in Sport: _____

Registration Fee: \$ _____ Minus Portion Family Will Pay: \$ _____ = Total Funding Request: \$ _____

OPTIONAL: Is the child applying identified as: Para Sport Athlete Aboriginal New Immigrant Other _____**I authorize KidSport and the Sport Organization to discuss the status of this application.**

Parent/Guardian Signature _____ Date _____

STEP 2 PARENT / GUARDIAN INFORMATION*The parent/guardian will act as contact person for the child & will receive all correspondence.*

Last Name: _____ First Name: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____ Fax: _____

Relationship to Child (i.e. Parent/Guardian/other): _____

Please check one: Single Parent Married Common-Law*If Married or Common-Law, please include both partner's income when indicating 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 Funding Policy F***STEP 3 SPORT INFORMATION (must be completed by the Sport Organization/Club)**

Sport Organization/Club: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact: _____ Position: _____

Email: _____

Sport Organization Signature: _____ Telephone: _____

Sport Registration Fee: \$ _____ (**not** including fundraising bonds, canteen bonds, pictures etc.)

Program Dates: (Start) _____ (End) _____

Number of Days per Week: _____ Length of Session Each Day: _____

STEP 4 FINANCIAL INFORMATION

I have provided the following supporting documents: *(please check all boxes that apply)*

Please note Official proof of total income must be provided for **all adults/guardians** living in the home.

Applications will not be processed without required proof of income.

- Canada Customs and Revenue Agency NOTICE OF ASSESSMENT (NOA) *(See Funding Policy 'E')*
(If married or common-law, you must include both partners' Notice of Assessments or the application will be considered incomplete)
- Proof of Social Assistance Status *(See Funding Policy 'F')*
- Proof of Foster Parent Status *(See Funding Policy 'F')*
- Other Income: _____

The financial information provided accurately reflects my current financial situation. Yes No
If NO, provide a letter explaining and provide proof of your current financial situation (i.e.: pay stubs).

Please note for income statements showing \$0 total income, additional information is required in order to process the application, such as the following:

I receive the following *(please check all boxes that apply to all income earners in your family):*

- Employment Income \$ _____ /month \$ _____ /year
- Education Income Assistance \$ _____ /month \$ _____ /year
- ** Includes Student loans, Band Scholarships, etc.
- Insurance – Life, Disability, EI \$ _____ /month \$ _____ /year
- Other Income \$ _____ /month \$ _____ /year

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

SPORT MANITOBA OFFICE USE ONLY: Total Household Income \$ _____

Low Income Cut-Off Guidelines

Family Size	Maximum Annual Gross Income
2	\$ 31,061
3	\$ 38,185
4	\$ 46,362
5	\$ 52,583
6	\$ 59,304
7+	\$ 66,027

ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE RETAINED BY KIDSPORT AND SHALL NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE EXPRESS WRITTEN CONSENT OF THE APPLICANT.