**KidSport™ Chapters**

**Restigouche Chapter**:

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**Moncton/Saint John/Sussex/Fredericton and all other regions**:

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**Guidelines for Grants**

• **Preference is given to children who are**

 **being introduced into organized sport.**

• Grants will not exceed a maximum of

 $200 per calendar year.

• Grants to individual children are designed

 to address the financial obstacles that

 prevent children from participating in

 sport

• Grants may be used only for the payment of

 participant fees and/or mandatory personal

 sport equipment.

• Sport activities must be recognized by the

 member organizations of Sport New

 Brunswick.

• Children 18 years old and under are eligible.

• Travel to play-offs, championships,

 camps and equipment upgrades etc. are

 not an eligible expense.

• KidSport™ grants are not meant to

 replace existing recreation or social

 services funding for sport participation.

• The KidSport™ Fund will issue funds to

 a recognized sport organization on

 behalf of the child recipient or arrange

 for the purchase of equipment.





Application Form



“The Maritime NHL’ers for KIDS Society is a local maritime charity established to help children participate in minor hockey throughout the Maritimes. The Maritime NHL’ers, in partnership with the NHL Player’s Association, also provides funding and equipment grants to further assist NB children participate in minor hockey.”

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Deadlines:

January 31, May 1, and September 1

[www.KidSport.ca](http://www.KidSport.ca)

**ALL INFORMATION MUST BE COMPLETED- Confidentiality of all applicants will be protected.**

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| --- |
| **Section 1**: Child Information – Please Print |
| First Name: | Last Name: |
| Address: |
| City: | Postal Code: |
| Telephone: (506) | Gender: Male \_\_\_\_ Female \_\_\_\_ |
| Date of Birth: | Sport funding will be used for: |
| Has your child previously received KidSport Funding?Yes: \_\_\_ No:\_\_\_\_ If yes, how many times? \_\_\_\_\_ | Is this the first time participating in this sport? Yes: \_\_\_\_ No:\_\_\_\_ If no, how many times?\_\_\_\_\_\_ |
| **Section 2:** Funding Request Information |
| Name of Organization/Association/Club or League: |
| Contact Name:  | Phone: |
| Email: |
| Mailing Address: Postal Code: |
| Amount Requested: Registration Fee:$\_\_\_\_\_\_ Equipment:$\_\_\_\_\_\_ *Total Request:$\_\_\_\_\_\_* | If request is for equipment only, please provide proof of registration. We cannot guarantee funding for equipment. Please list equipment and the cost(i.e. shin pads $30)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 3**: Parent/Guardian Information |
| First Name: | Last Name: |
| Address: |
| City: | Postal Code: |
|  Number of Children in the Relationship to child: Family:  | Occupation: |
| *Please check the options that apply to you:* Social Assistance:\_\_\_\_Single Parent: \_\_\_\_ Married: \_\_\_\_ Common Law: \_\_\_\_ Foster Parent: \_\_\_\_ Dual Parent Family: \_\_\_\_ |
| Email: |
| **Section 4**: Proof of Income |
| A Notice of Assessment from each adult in the home **MUST** accompany all application forms. We do not accept T4 or Tax Summaries. Your previous income tax Notice of Assessment(s) may be obtained by phoning 1-800-959-8281 |
| Signature of Parent/Guardian: Date: |