



KidSport Timiskaming
Jumpstart Representative
Application Form



Please ensure both pages of form are fully completed or application will not be processed.

| Child/ Youth Information: | |
|--|---|
| Child/ Youth Name: | Gender M F |
| Complete Mailing Address: | |
| Date of Birth: | |
| Home Phone: | |
| Has this athlete received previous Kidsport/Jumpstart funding? Y N If so When? _____ Please provide a comment from your athlete on the experience of having the opportunity to play their sport of choice. (if they would like to send us a picture of themselves in their sporting activity we would be happy to receive it) | |
| Parent/ Guardian Information | |
| Parent/ Guardian Name: | |
| Complete Mailing Address if different from the youth/child: | |
| Home Phone if different from the youth/child: | |
| Household (HH) Details: | Number of children in HH: _____ # living in the HH: _____ 1 parent _____ or 2 parents _____ First Language: English _____ French: _____ Other: _____ |
| I give KidSport Timiskaming permission to communicate with the sporting organization and/or Jumpstart (if applicable) in regards to my child being subsidized Signature of Parent/ Guardian: | Date: |
| Endorsement Section | |
| Important: If you are not eligible under the financial criteria you may be eligible with an endorsement letter from a social service that you are working with – letter must state family need for subsidy (Financial statements are not needed if endorsed by the following) Such as: <p style="text-align: center;">The endorser should be one of the following (Check one):</p> Professional in human services or social work: NEOFACS _____ Member of clergy _____ Family Doctor/Family Health Team _____ Police Officer _____ CMHA _____ DSSAB _____ CSTC _____ CTCR _____ OEYC _____ Principal _____ | |
| Income Verification | |
| Gross annual income (check one) For Household Less than \$15,000 _____ \$15,000-\$19,000 _____ \$20,000-\$29,000 _____ \$30,000- \$39,000 _____ \$40,000 & over _____ | |
| <u>MUST BE PROVIDED OR APPLICATION CANNOT BE PROCESSED</u> <u>Include for each parent/ guardian in home:</u> Government documentation: Notice of Assessment OR Government Proof of income AND/OR Current proof of family income (Select one): 3 consecutive pay stubs _____ Ontario Works or EI documents _____ | |

Funding Request

| | |
|---|-----------------------------------|
| Sport: | Start Date: _____ End Date: _____ |
| Organization/ club/ league: | |
| Contact information: Name, Address etc. | |
| Telephone Number: | |
| Amount Requested (Total not to exceed \$300): | |
| Registration: | \$ _____ |
| Equipment: | \$ _____ |
| Total Request: | \$ _____ |

Apply For All Programs For The Entire Calendar Year –funding limit \$300 per child per session (December to June)(July to Nov) pending available funding

| | | |
|-----------------------------|-----------------------------|--------------------------|
| Sport: | Start Date: _____ | End Date: _____ |
| Organization/ club/ league: | | |
| Contact Name: | | |
| Telephone Number: | Registration Fees: \$ _____ | Equipment Fees: \$ _____ |

| | | |
|-----------------------------|-----------------------------|--------------------------|
| Sport: | Start Date: _____ | End Date: _____ |
| Organization/ club/ league: | | |
| Contact Name: | | |
| Telephone Number: | Registration Fees: \$ _____ | Equipment Fees: \$ _____ |

Contact: Caroline 705-648-0028 (Cell Phone)
 Please provide the **completed application** form with **copies of necessary documentation** to:
 Fax: 705-647-4831 (partner agencies can fax your application for you)
 E-mail: kidsporttimiskaming@hotmail.com
Kidsport Timiskaming/ Jumpstart Representative
 Box 783 Kirkland Lake, ON, P2N 3E4
 Toll Free Number for information: 1-866-834-6392

IT CAN TAKE UP TO SIX WEEKS TO PROCESS YOUR APPLICATION SO PLEASE APPLY EARLY – IN THE EVENT YOUR CHILD CANNOT CONTINUE THE SPORT WITHOUT PAYMENT WE CAN CALL THE ORGANIZATION FOR YOU TO CONFIRM IF YOU ARE APPROVED

| | |
|---|--|
| Office Use Only | |
| Received: _____ | Kidsport/Jumpstart Number: _____ |
| Decision: Approved ____ or Declined ____ reason _____ | |
| Cheque Made out to: _____ | Cheque # _____ Amount _____ Cheque date: _____ |
| Cheque Made out to: _____ | Cheque # _____ Amount _____ Cheque date: _____ |
| Cheque Made out to: _____ | Cheque # _____ Amount _____ Cheque date: _____ |