

**ALL KIDZ IN GRANT APPLICATION****By submitting this form you agree to have your information stored in our online database system.****Section 1: Child Information**

First Name:	Last Name:			
Birth Date (dd/mm/yyyy):	/ /	Address:		
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	City:	Postal Code:

**Section 2: Parent/Guardian**

First Name:	Last Name:
Address (do not include if same as above):	
City:	Postal Code:
Telephone:	Email:
Relationship To Child:	# Of Adults In Home(18+) _____ # Of Children In Home: _____
Single parent status: Divorced _____ Separated _____ Foster _____ Other _____	
Dual parent status: Married _____ Common Law _____ Foster _____ Other _____	

How did you hear about us??? Sport Club\_ Website\_ Social Media\_ School\_ Rec. Centre\_ Media\_ Other\_

**I CONFIRM THAT ALL INFORMATION INCLUDED  
IN THIS APPLICATION IS ACCURATE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: Funding Request**

Sport:	Organization Name:		
Address:	City:		
Postal Code:	Telephone:		
Contact Name:	What Type of Grant: Registration__ Equipment__ Both__		
Sport Activity Start Date (dd/mm/yyyy):	/ /	Sport Activity End Date (dd/mm/yyyy):	/ /

First time participating in sport? Yes\_ No\_ If not, how many years have they participated: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

Actual Cost of Registration \$ \_\_\_\_\_ Registration Fee Request \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_ Total Request \$ \_\_\_\_\_

**Section 4: Income Verification**

Gross annual household income: \$ \_\_\_\_\_

Please include the following for <b>EACH</b> parent or legal guardian in the home.	Most recent <b>Official Notice of Assessment</b> - Government document -	<b>AND/</b> <b>OR</b>	<b>Current proof of family income - provide one of the following:</b> 3 Consecutive paystubs <b>OR</b> Social assistance documents (O.D.S.P, Ontario Works, EI)
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**Section 5 (Optional): Endorsement Letter**

The endorsement letter is an **OPTIONAL** supporting document and is to be written by a third party community professional (doctor, social worker, teacher, lawyer, etc.) to outline the current barriers impacting the family from registering their child into sport. It is intended to provide an opportunity for the applicant to provide additional background to support their **ALL KIDZ IN GRANT** application. Endorsement letter must be on professional/official letterhead.

**Completed applications are to be e-mailed to grants@AllKidzin.ca or mailed to  
30 Pennsylvania Ave., Unit 2, Concord, ON. L4K 4A5**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Adjudicated: \_\_\_\_\_ Approved: Yes No Amount: \_\_\_\_\_ SS ID: \_\_\_\_\_