



# KIDSPORT – OFSAA 2017-18 GRANT APPLICATION FORM



All requests for funding must be RECEIVED by the following dates:

Fall Sports → October 31, 2017 Winter Sports → January 30, 2018 Spring Sports → April 30, 2018  
Maximum amount of funding is \$250 per student per school year.

STUDENT INFORMATION			
First Name:		Last Name:	
Address:			
City:	Postal Code:	Telephone:	
Email:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade _____
Birth Date: 18 and under (dd/mm/yyyy)			
School		Address:	
City	Postal Code	Telephone	
For what sport(s) are you applying for funding?		Do you compete in this sport(s) outside of school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many courses are you registered in for this semester/year?			
If approved for financial assistance, I will (the student) work with the school to fulfill my commitments as a student (ie: Be on time and regularly attend class, complete assignment, work toward community service hours etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>			
_____		_____	
Student Signature		Date	

PARENT INFORMATION – only to be completed by parent/guardian		
For your son/daughter to participate in school sport, please outline the financial barriers that the family is facing.		
_____	_____	_____
Parent/Guardian Signature	Print Name	Date

**BOTH SIDE OF THIS APPLICATION MUST BE COMPLETED BEFORE THE APPLICATION WILL BE CONSIDERED**

**ENDORSEMENT REQUIRED** (To be completed by an eligible endorser listed below)

The **Endorser** acts as an objective third party who is familiar with the applicant and his/her family, is in a position to identify the financial barriers restricting the student's participation in high school sport as outlined by the parent or guardian on Page 1, and is fully aware of the uses of the funds charged to the student.

The Endorser **MUST** be one of the following (check one):

Principal  Vice Principal  Athletic Director  Student Services

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print clearly)

Email: \_\_\_\_\_ Tele #: \_\_\_\_\_  
(please print clearly)

**SPORT PARTICIPANT FEE (Endorser must complete this section)**

**PLEASE NOTE: Only costs related to regular league games/local meets are ELIGIBLE for this funding.**

Sport(s) for which student is requesting funding \_\_\_\_\_

**1. GENERAL ATHLETIC FEE**

Is there a basic athletic fee charged to any student who wishes to participate in any Interschool sport?

Yes  No  If Yes, what is the amount of this fee? \$ \_\_\_\_\_

**2. SPORT SPECIFIC ATHLETIC FEE**

Is there an additional fee that the student must pay to participate in this specific sport?

Yes  No  If Yes, what is the amount of this fee? \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_**

**Check all the benefits or costs that this sport-specific fee contributes to:**

Transportation to local games	<input type="checkbox"/>	Athletic Banquet Fee	<input type="checkbox"/>
Uniform	<input type="checkbox"/>	Tournament entry fees	<input type="checkbox"/>
Officials fees	<input type="checkbox"/>	Tournament Travel	<input type="checkbox"/>
Facility Rental (ice time)	<input type="checkbox"/>	Supply Teacher Coverage	<input type="checkbox"/>
Equipment Replacement	<input type="checkbox"/>	Other (specify) _____	

**3. ADDITIONAL INFORMATION:**

- a) Has the student applied for KidSport funding in the past year? Yes  No
- b) Is the applicant receiving any supplementary funding support? Yes  No
- c) If yes, what is the amount? \$ \_\_\_\_\_
- d) What is the source? \_\_\_\_\_
- e) What fundraising is done by the students to further support this activity?  
\_\_\_\_\_

Once completed please send the application by mail or fax to:

**OFSAA, Suite 207 – 305 Milner Ave, Toronto, ON M1B 3V4, Fax: 416-426-7317**

**Or email to [beth@ofsaa.on.ca](mailto:beth@ofsaa.on.ca)**