

PARENT/GUARDIAN INFORMATION:

Each application on behalf of a youth must be initiated by an Adult-Parent, Guardian, Employer, Coach, School Official or Reference.

Parent/Guardian: _____ **Date:** _____

Address: _____ Town: _____ Postal Code _____

Daytime Telephone: _____ Email Address: _____

Check one: Single-Parent Family Dual-Parent Family Number of children in the family: _____
Annual Household Income (please check one) less than \$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-\$59,999 over \$60,000

APPLICANT/YOUTH INFORMATION:

Name of Youth: _____ **Date of Birth:** _____ **Sex M/F:** _____

Address: _____ Town: _____ Postal Code: _____

Daytime Telephone # _____ School Attending _____

SPORT/RECREATION INFORMATION:

of Weeks the Program Runs: _____

Name of Sport or Recreation Activity Participating In: _____ **Program Start Date:** _____

Name & Address of League/Association/Club or Recreation Department or Program: _____

(Please include complete mailing address & contact telephone number): _____

Is this the first time participating in this activity? Yes _____ No _____ If No, how many years has she/he been involved? _____

Application form (s) will not be approved until all information is received: Proof of total family income must accompany application form. You must include A or B:

- A) Proof of total family income (for tax return or notice of assessment call 1-800-959-8281); or**
- B) Authorization from the Department of Community Services or community service agency (for office locations visit www.gov.ns.ca/com)**



 DEPT. OF COMMUNITY SERVICE SIGNATURE HERE

GRANT REQUEST: Expenses for the grant will be used for:

Registration Fees \$ _____ Equipment \$ _____ **TOTAL REQUEST (Maximum \$300) \$** _____

Is there a "Canadian Tire" Location in your area? Yes _____ No _____ If No, please indicate the nearest store: _____

Has this youth received previous funding? Yes _____ No _____ If Yes, What fund and when? _____