



Student-Athlete Sports Subsidy GRANT APPLICATION FORM

All requests for funding must be RECEIVED by **Friday, May 13, 2022** and subsidies apply to spring sports only.

Maximum amount of funding is \$200 per student (amount may vary by sport)

| STUDENT INFORMATION | | | |
|---|---------------------|--|------------|
| First Name: | | Last Name: | |
| Address: | | | |
| City: | Postal Code: | | Telephone: |
| Email: | Gender: Male Female | 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 assignments, 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 PAGES 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:

Is the applicant receiving any supplementary funding support? Yes ☐ No ☐

a) If yes, what is the amount? \$ _____

b) What is the source? _____
