



All applications must be submitted by:  
 EMAIL: admin@just4kics.ca  
 MAIL: 2679 Bristol Circle Unit 7, Oakville Ontario, L6H 6Z8  
 FAX: 905 - 829 - 0027

**JUST4KICS SECTION - ONE  
CHILD INFORMATION**

First Name:	Last Name:
Home Address:	
City:	Postal Code:
Telephone:	Email if Applicable:
Gender: Female _____ Male _____	Date of Birth: DD _____ MM _____ YYYY _____

**JUST4KICS SECTION - TWO  
ADULT SPONSOR INFORMATION**

First Name:	Last Name:
Home Address:	
City:	Postal Code:
Telephone:	Email if Applicable:
Relationship to Child above:	Is the child currently enrolled in any sport: Y _____ N _____
I agree that all information above is correct    Signature: _____    Date: _____	

**JUST4KICS SECTION - THREE  
GRANT REQUEST INFORMATION**

Sport:	League/Organization/Club:
Sport Start Date:	Sport End Date:
Sport Administrator Contact Name:	
Address:	City: _____ Postal Code: _____
Total Amount Requested for Registration: \$ _____	Telephone Number: _____
Grant Request Information:    Registration _____    Equipment _____    Transportation Costs _____	

**\*\*A copy of the Registration form from the above organization must be submitted with the application**

**JUST4KICS SECTION - FOUR  
APPLICATION VERIFICATION**

Have you requested grants from other organizations for the above?    Yes _____    No _____
Which organization? _____    Has the request been granted?    Yes _____    No _____
Has the child received grants in the past from other organizations:    Yes _____    No _____
Which organization? _____
Gross Annual Income:
Less than \$15,000 _____ \$15,000 - \$20,000 _____ \$20,000 - \$30,000 _____ \$30,000 - \$40,000 _____ Over \$40 _____
Please attach the following for each adult in the home:
Notice of Assessment documents (Canadian Government Issued only)
4 consecutive paystubs _____    Employment Insurance _____    Other Ontario Issued Income Documents _____

**JUST4KICS SECTION - FIVE  
ENDORSEMENT SECTION**

The endorser is an independent third person who is very familiar with the family and is in a professional position to understand and assess the affairs facing the family.

List of Eligible endorseres:

Teacher \_\_\_\_\_ Principle \_\_\_\_\_ Lawyer \_\_\_\_\_ Family Doctor \_\_\_\_\_ Accountant \_\_\_\_\_ Employer \_\_\_\_\_ Member of Clergy \_\_\_\_\_  
 Police Officer \_\_\_\_\_ Social worker \_\_\_\_\_ Family Services worker \_\_\_\_\_

Supporting Documents:

An endorsement letter on business letterhead stating the relationship, affairs and any other relevant information relating to the family is required. All endorseresments will be follow up on