

GIL READ MEMORIAL FOUNDATION

APPLICATION INSTRUCTIONS

1. *Parent/Guardian Information:*
 - Parents or legal guardians must submit **separate** applications for each child;
 - Proof of income, including applicant’s name and address, **MUST** accompany the application. Please include a copy of your most recent T451E (Notice of Assessment). We will accept other forms of proof of income such as three consecutive pay stubs; ODSP (Ontario Disability Support Program); or Ontario Works.

2. *Child/Youth Information:*
 - If you still require more funding for sport, and have requested the maximum limit for this application, there are other grants you can apply for including Kidsport, Jumpstart, or Their Opportunity.

3. *SPORT INFORMATION*
 - If available, please attach a copy of the registration form for the sport.

4. *FUNDING REQUEST*
 - An applicant may receive a grant for equipment and/or registration fees to recognized sport organization with qualified instructors/coaches;

5. *ENDORSEMENT*
(SECTION TO BE COMPLETED BY ENDORSER)
 - Each GIL READ MEMORIAL FOUNDATION application must have the endorsement of a third party who knows the family, **excluding a relative or friend**. Examples of the endorser can include a community professional such as a member of the Clergy, Police, School Counselor, Teacher or Principal, Senior Recreation Administrator, or Family/Social Services Professional.
 - Your role of endorser is critical to the effective operation of GIL READ MEMORIAL FOUNDATION. As an objective third party, you must provide a letter that assesses the needs of this child/youth. Please keep in mind that your endorsement letter provides the only reference, so be as specific as possible with respect to the financial and social barriers of the individual.

1. PARENT/GUARDIAN INFORMATION

Name of Parent:	
Relationship to child/youth:	
Address: (include apartment, city, postal code)	
Telephone:	
Email:	
Number of children in household:	
Household type: (check one)	<input type="checkbox"/> One-parent household <input type="checkbox"/> Two-parent household <input type="checkbox"/> Cohabitation/other income earner in household
Annual household income: (check one)	<input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,000 <input type="checkbox"/> Over \$30,000

Signature of Parent/Guardian: _____

2. CHILD/YOUTH INFORMATION

Name:	
Gender:	

Date of birth:	
Address: (include apartment, city, postal code)	
Telephone:	
School:	
Has your child received any other funding for this sport? If so, how much:	

3. SPORT INFORMATION

Name of Sport:	
Name of League/Organization:	
League/Organization website:	
Address: (include city, postal code)	
Name of contact and position:	
Telephone:	Daytime _____ Evening _____

4. FUNDING REQUEST

Registration fee:	\$
Equipment request:	\$
Type of equipment:	
Total request:	\$

5. ENDORSEMENT

(SECTION TO BE COMPLETED BY ENDORSER)

Name of Endorser:	
Position:	
Telephone:	
Email:	
Relationship to applicant:	

I have thoroughly read and understand the guidelines of GIL READ MEMORIAL FOUNDATION and I believe this application to be consistent with the program's guidelines. To verify this endorsement, I agree to participate in a telephone interview.

Signature of Endorser: _____ Dated: _____

Signature of Parent: _____ Dated: _____

Return to:
GIL READ MEMORIAL FOUNDATION
300-331 Cooper St.
Ottawa, ON K2P 0G5