



COMPLETE THIS FORM AND SUBMIT IT TO:
KIDS FOR SPORTS FOUNDATION
 403 PARADISE PARKWAY, MESQUITE, NV 89027
FOR MORE INFORMATION CALL:
 SHANNA (702) 345-6707
kidsforsportsfoundation@gmail.com

Kids for Sports ensures all kids are given the opportunity to experience the positive benefits of playing organized sports. We do this by helping remove financial and other barriers that prevent kids from participating in sports.

~This application is only for families with children that would not otherwise be able to play a sport~

Application for Financial Assistance

Eligibility

To be eligible for assistance, a child must meet each of the criteria listed below:

- Live in the Virgin Valley Area (Mesquite, Beaver Dam, Bunkerville, Scenic & Moapa Valley)
- Be enrolled in school (Pre-K through 12th Grade)
- Commit to attend a minimum of 80% of scheduled practices & games
- Not be currently enrolled in an existing fee waiver program
- Grant limits per current fiscal year (July 1 to June 30)
 Up to \$300 per child per year
- Grants awarded to KFS approved list of sports
- Parent consents to allowing pictures of the child to be

Requester First Name: _____

Parent Name: _____

Requester Last Name: _____

Coach Name: _____

Street Address: _____

City, State, and Zip: _____

Daytime Phone: _____

Evening/Cell Phone: _____

Email Address: _____

Gender: _____ Age: _____ DOB: _____

School: _____ Grade: _____

Which sport is your child requesting to play? _____

Name of the program? _____

Which season & team? _____

Which type of assistance are you are requesting?

Registration Fee Waiver Equipment/Uniform Voucher Travel Other: _____

For FC Mesquite Applicants: Has your child played club soccer before? Yes No

- Dollar amount Requested \$_____ When is the deadline for registration? (*KFS does not cover late fees*): _____
- Are parents/guardian currently employed: Yes / No (circle one) Are you 1 or 2 income household: _____
- PARENT(S) - please explain *in detail* why you are requesting financial assistance (what is your current hardship): _____

- **CHILD/AHTLETE - (MUST BE IN CHILD'S OWN HANDWRITING)** Please explain why you want to play this sport: _____

CONSENT TO EXCHANGE INFORMATION: I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I certify that the information supplied is true and correct and that Kids for Sports Foundation staff have my permission to verify the information on this application. Kids for Sports Foundation reserves the rights to determine and prioritize needs. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games. I also understand my child's picture may be taken for publicity purposes.

Signature of Applicant: _____ Date: _____

* Grant requests for camps will be considered for a target of 75%
 * Late registration fee will not be awarded on grants. Parents/Guardian responsible for late fees.
 * Grant applications will not be accepted for reimbursements.