



PAY IT FORWARD SPORTS

Pay it Forward Sports Fund Application

Section 1: Applicant Information

Child's Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Prov ZIP Code*

Section 2: Parent/Guardian Information

Parent/Guardian: _____ Marital Status: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Prov ZIP Code*

Phone: _____ Email : _____

Section 3: Funding Information

Sport & Organization: _____ Sport Activity Start Date: _____ Sport Activity End Date: _____

Funding Request: _____

First time participating in sport? YES NO If no, # years participated _____

Organization _____ Contact _____

Address: _____
Street Address Apartment/Unit #

_____ *City Prov ZIP Code*

Phone: _____ Email : _____

Amount Requested: Grant request not to exceed \$500 per child per calendar year.

Registration: _____ Equipment Cost: _____ Total Request: _____

Section 4: Income Verification

Gross Annual Household Income: \$ _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a grant, I understand that false or misleading information in my application or interview may result in termination of the grant.

Please note current proof of family income may be required to qualify for grant.

Important Note: Pay It Forward Sports does not issue personal cheques to individuals so please do not purchase your equipment before funding is received.

Signature: _____ Date: _____

By submitting this form you agree to have your information stored in our online database system.

Completed applications can be emailed to pifsports2021@gmail.com.

Please tell us why you believe you should receive this grant:

FOR OFFICE USE ONLY

Date: _____ Approved _____ By: _____

Amount of Grant: _____ Type of Grant: _____

Additional Grant Details: _____