 **GYMNASTS FIRST GRANT PROGRAM 2019-2020**

Gymnastics Saskatchewan has established a grant funding program to assist competitive gymnasts of families facing financial obstacles to participate in gymnastics at provincial, national and high performance levels. The goal of the “Gymnasts First” program is to provide these children and families with increased opportunities to achieve their goals and dreams to help reach their fullest potential, and to provide financial support to assist them in their goal of competing in Saskatchewan and Canadian championships. Individual grants of varying amounts, depending on need, are available for gymnasts aged 21 and under.

**ELIGIBILITY**

Families with a maximum combined family gross income of under $60,000 are eligible to be considered for financial support. Gymnasts must be 21 years of age and under, and registered members with a club in good standing with Gymnastics Saskatchewan as National Stream or Provincial Stream athletes.

**GRANT CRITERIA**

Applications will be screened to ensure financial need and legitimacy of the applicant.

Funding amounts will be based on:

* Number of applicants and availability of grant money;
* Combined family income under the threshold of $60,000;
* Income verification as determined by 2018 or most recent CRA Notice of Assessment;
* Annual club fees:
* Competitive level of the gymnast – athletes competing at the highest level will take priority; (only Provincial and National level athletes will be considered for support)
* Estimated annual competition/travel costs for the level of the athlete as determined by Gymnastics Saskatchewan.

**ALLOWABLE EXPENDITURES**

Funding may be used only for club fees. Gymnastics Saskatchewan will issue funds directly to the gymnast’s home club to pay for a portion of club fees.

**APPLICATIONS AND APPROVAL**

Confidential applications will be accepted once annually – deadline for applications is November 1st each year. Applications must be completed in full and must include verification by an endorser (teacher/principal, social worker, lawyer, or a member of the clergy). A copy of the most recent Revenue Canada Notice of Assessment from both parents, if applicable, must be submitted.

**GYMNASTS FIRST GRANT APPLICATION**

**Deadline November 1, 2019**

**PARTICIPANT INFORMATION**

Gymnast’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_ P.Code:\_\_\_\_\_\_\_\_\_\_\_\_

Age and Birthdate:\_\_\_\_\_\_\_\_\_\_\_ Male/Female \_\_\_\_\_\_\_\_\_\_\_

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Competition in 2019/2020: \_\_\_\_\_\_\_\_\_\_\_(please verify with your coach)

Training Hours Per Week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS/GUARDIANS**

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full-time/Part-time\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full-time/Part-time\_\_\_\_\_\_\_\_\_\_\_

**MAIN CONTACT INFORMATION**

Telephone: home \_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

work \_\_\_\_\_\_\_\_\_\_\_\_\_

cell \_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME VERIFICATION**

A copy of your most recent CRA Notice of Assessment must be submitted with this application.

Please state your annual family income.

Mother $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a one parent family, please indicate actual monthly or annual financial support received from the other parent for gymnastic costs.

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children at home under age 19: \_\_\_\_\_

Please outline/describe any extenuating financial circumstances. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GYMNASTICS CLUB FEES**

Please outline your projected gymnastics expenses for the year **September 1, 2019 to August 31, 2020:**

Annual club fees less fundraising commitment $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraising commitment amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay this FR amount or work it off? ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant/Parent/Guardian Date

Submit your application to:

Klara Miller, CEO

Gymnastics Saskatchewan, 300-1734 Elphinstone Street, Regina, SK S4T 1K1

Email: [kmiller@gymsask.com](mailto:kmiller@gymsask.com)

Fax: 306-780-9475

**ENDORSER VERIFICATION**

The endorser is a third party who can assess the financial situation of the family. Please choose one of the following as your endorser: teacher/principal, social worker, lawyer, clergy member.

Endorser’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I (endorser name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that the family of this applicant has financial need and should qualify to receive a Gymnasts First Grant from Gymnastics Saskatchewan.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Endorser Date***