



## INDIGENOUS ATHLETE FUND (IAF) APPLICATION

**ATHLETE INFORMATION** (Please Print) Confidentiality of all recipients will be protected.

Athlete's Name: \_\_\_\_\_

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

City & Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the athlete between 5-18 years of age? Yes/No Gender: \_\_\_\_\_

Has your child previously received Indigenous Athlete Fund funding? Yes/No

If yes, how many times? \_\_\_\_\_

### SPORT CLUB INFORMATION

Sport for which the Indigenous Athlete Fund grant will be used: \_\_\_\_\_

Name of league, local association, club or high school: \_\_\_\_\_

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

City & Postal Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Is this the first time participating in this sport? Yes/No

If no, how many times has he/she been involved? \_\_\_\_\_

### REQUEST

Please indicate for which of the following the grant will be used by entering the corresponding amount required.

1. Registration/Participation fees.....\$ \_\_\_\_\_

2. Personal Sport Equipment..... \$ \_\_\_\_\_

\*If request is for equipment only, please provide proof of registration. If you chose (2), please specify what sport equipment will be needed and the cost of the individual equipment: (i.e. shin pads, racket, etc.)

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**PARENT/GUARDIAN INFORMATION** (to be completed by an adult)

Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City & Postal Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Number of children in the family under 18 years of age: \_\_\_\_\_

Do any of the following apply?

Social assistance: \_\_\_\_\_ Single parent: \_\_\_\_\_ Special needs child: \_\_\_\_\_

Employment status (both parents if applicable): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ADULT ENDORSER**

Adult endorsers must be one of the following:

- School teacher, principal or community school worker
- Law enforcement officer
- Professional in health / social work / family services
- Community sport leader

**ADVICE TO THE ENDORSER OF AN INDIGENOUS ATHLETE FUND™ APPLICATION**

Your role is critical to the productive use of the Indigenous Athlete Fund. As the endorser, you should have a good understanding of the applicant's family financial situation and their inability to pay for registration fees for the above sport. Only endorse those applications that you know are in need.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City & Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Is the grant essential for this applicant to participate in the sport? Yes/No

I am aware of this family's current situation and recommend they be considered for Indigenous Athlete Fund.

Signature of Endorser: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETED**

Cathy Ward, Executive Director  
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