



APPLICATION FORM: PLEASE ENSURE ALL INFORMATION IS COMPLETE AND ACCURATE (Please print clearly)

SECTION 1: APPLICATION INFORMATION

Child's Name (First, Last): _____ Birth Date (dd/mm/yyyy): _____ / _____ / _____

Gender: _____ Postal Code _____ Canadian Tire Jumpstart Can Contact Family: YES NO

Name of Parent/Guardian: _____

Note: Following Application Information only required if Canadian Tire Jumpstart has permission to contact family

Address: _____ City: _____ Province/Territory: _____

Tel: (_____) _____ Email: _____

SECTION 2: REQUEST FOR FUNDING

Please identify the sport or activity for which you are requesting funding: _____

Organization offering the sport or activity (full name) _____

Start Date: _____ End Date: _____ # of Sessions per wk: _____ Length of session (in minutes): _____

Please indicate amount you are able to contribute: _____

Please indicate type of fees/costs requested from Jumpstart: _____

Organization contact (if known): _____ REQUEST AMOUNT \$ _____

Organization E-Mail (if known): _____ (Max. amount \$300)

Tel: (_____) _____ Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

SECTION 3: ENDORSEMENT

Community Leader (School Principal/Guidance Counselor/Teacher/Doctor/Dentist/Lawyer/Social Worker/Police Officer)

Name: _____ Address: _____

City: _____ Province: _____ Telephone: (_____) _____

Email: _____

Please indicate relationship to applicant: _____ Canadian Tire Can Contact Me: YES NO

I certify my endorsement of the above child/youth and verify that all the information given is correct and can be substantiated.

Signature: _____ Date: _____

If possible, please attach a letter from a community leader indicating relationship to applicant verifying the applicant's economic barrier to participate in the requested activity or program. The community leader should be in a position to identify and assess the economic barriers of the applicant.

FOR OFFICE USE ONLY

Application Received (dd/mm/yy) _____ / _____ / _____ Accepted: (Y/N) _____ Follow-up Complete: (Y/N) _____

Reason: _____

First Time Funding: (Y/N) _____ Amount: \$ _____ Allocation Period: Spring/Summer OR Fall/Winter

Canadian Tire Jumpstart and its members will respect the confidentiality of all applicants. By completing this application, I hereby authorize Canadian Tire Jumpstart Chapters to consult with the endorser and share this information with the organization or company that will receive the payment for my child.

All information captured above is a requirement of Canadian Tire Jumpstart and is submitted electronically as part of the requirement for funding. All personal information is secured and protected and will not be used for any other propose than reference to the funding provided.