



**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.