



## APPLICATION FORM

### SECTION 1: APPLICATION INFORMATION

Child's Name: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

### SECTION 2: REQUEST FOR FUNDING

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

Organization offering the sport or activity: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of Sessions: \_\_\_\_\_ Length of session (in minutes): \_\_\_\_\_

Explanation of Fees/Costs: \_\_\_\_\_

Please indicate amount you are able to contribute: \_\_\_\_\_

Please indicate type of fees/costs requested from Jumpstart: \_\_\_\_\_ Request: \_\_\_\_\_

**\*Please Note: The maximum amount per child is \$150.00 due to the number of requests, and you can only apply through one community organization for funding.**

Organization contact: \_\_\_\_\_ Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### SECTION 3: ENDORSEMENT

Community Leader (School Principal/Guidance Counselor/Doctor/Dentist/Lawyer)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Please indicate relationship to applicant: \_\_\_\_\_

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 to contact me and 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 then reference to the funding provided.