



Canadian Tire Jumpstart Application Form

Please ensure this form is fully completed. Please submit a separate application for each child.

Parent /Guardian Information										
Name of child/youth		First:		Last:			Date of birth (dd/mm/yyyy)			
Mailing address			Street		Gender			Male <input type="checkbox"/> Female <input type="checkbox"/>		
City		Province		Postal code						
Home phone			Phone 2							
Full name of parent/guardian					Relationship					
Email										
Signature of Parent/Guardian					Date					
<p>I hereby agree that all information provided on this application is complete and accurate to the best of my knowledge and authorize Canadian Tire Jumpstart Chapter representatives to share this information with the organization or company that will receive payment for this child. I understand 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 as per the Canadian Tire Jumpstart Privacy Policy available on our web site and will not be used for any other purpose than reference to the funding application and internal reporting.</p>										
Full name of organization receiving funding										
Mailing Address (street/suite/unit)										
City		Province		Postal code						
Contact		Phone		Email						
Name of sport/activity		Program length		# weeks		Sessions per week		Hours per session		
Equipment or Other Provider Information (if applicable)										
Supplier name			Contact							
Mailing Address (street/suite/unit)			Phone							
City		Province		Postal code						
Grant Request (Expenses the grant will be used for. Pleased consult with the community partner for allowable grant.)										
Amount of activity		\$		Amount provided by family			\$			
Amount requested from Jumpstart		\$								
Toward registration fees		\$		Payable to:						
Toward equipment		\$		Payable to:						
Toward transportation		\$		Payable to:						

Confidentiality: Canadian Tire Jumpstart and its members will respect the confidentiality of all applicants. All personal information is secured and protected and will not be used for any other purpose other than reference to the funding provided.

Reference Information	
<p>If financial information is not provided, each application must have the endorsement (letter required) of a community professional (e.g., teacher, employer, police officer, principal, social worker, clergy member, lawyer, or doctor) familiar with your situation and who can verify that you require financial assistance. The reference cannot be a family member.</p>	
Name	
Position	
Phone	
Email	
Relationship	
<p>I hereby declare that the applicant listed on this application is in financial need and warrants the assistance of Canadian Tire Jumpstart in order for their child to participate in the identified recreational activity. I understand that Canadian Tire Jumpstart and/or its Community Partner Organizations may contact me to verify my endorsement.</p>	
Signature	
Date	
Canadian Tire Communication	
<p>May Jumpstart communicate with you directly? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>By completing this application, I authorize the local Canadian Tire Jumpstart Chapter to consult with my reference and share information with the organization receiving payment for my child.</p>	
Office Use Only	
Received	
Decision	Approved <input type="checkbox"/> Declined <input type="checkbox"/>
Amount	
Submitted on	
Submission #	