



Canadian Tire Jumpstart Application Form

Please ensure the 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 M / F
City		Province	
Postal Code		Home Phone	
Full Name of parent/guardian			Relationship
Email Address			
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 capture 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 Candian Tire Jumpstart Privacy policy available on our website and will not be used for any other purpose then reference to the funding application and internal reporting.</p>			
Full name of organization receiving funding			
Mailing Address			
City		Province	Postal code
Contact Name		Phone	
Email			
Name of Sport/Activity			
Program Length (weeks)		Sessions per week	Hours per session
Grant Request (Expenses the grant will be used for)			
Total Amount of Activity \$		Amount provided by family: \$	
Total Amout Requested from Jumpstart \$			
Reference Information			
<p>Each application must have the endorsement (letter required) of a community professional (eg. 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 can not be a family member.</p>			
Name:		Position:	
Phone:		Email:	
Relationship			
Signature			Date
<p>I hereby delcare that the applicant listed on the application is in financial need and warrantes the assistance of Canadian Tire Jumpstart in order for their child to participate in the identified recreona activity. I understand that Canadian Tire Jumpstart and/or its community aprtner organizations may contact me to verify my endorsement.</p>			
Jumpstart Communication			
May Jumpstart communicate with you (the family) directly? Yes No			
<p>By completing this application, I authorize the local Canadian Tire Jumpstart Chapter to consult with my reference and share information with the the organizations receiving payment for my child.</p>			
Office Use Only			
Date Received			
Date Submitted			
Submission #			
Amount Requested			
Decision			