

Canadian Tire Jumpstart Application Form

Please ensure this form is fully completed. Please submit a separate application for each child. Proof of financial need required.

Parent /Guardian I	Information											Reference In	formation		
Name of child/youth	e of child/youth First:		Last:					Date of birth				If financial informat	ion is not provide	d, each application	
Mailing address		Street				,		Gender	Male 🗆	Female		must have the endorsement (letter required) of a community professional (e.g., teacher, employer, police			
City			Province			Postal code							vith your situation	and who can verify	
Home phone		1		Phone 2				· L			that you require financial assistance. The reference cannot be a family member.				
Full name of parent/guardian			•	Relationshi		ship					Name				
Email											Position				
Signature of parent/gu	Date										Phone				
											Email				
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 Privacy Policy available on our web site											Relationship				
and will not be used for any o					as per trie t	Janadian The	Jumpsi	an Filvacy Folicy	avallable on	our web sit	5				
Full name of organization receiving funding										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.					
Mailing Address (street/suite/unit)															
City			Province			Postal code					may contact the to voiny my checicoment.				
Contact	Contact		Phone			Email						Signature			
Name of sport/activity				Program	length	# weeks		Sessions per week	Hours session			Date			
Grant Request (Ex	penses the grant w	ill be used for.	Pleased cons	ult with the	Comm	unity Part	ner fo	r allowable (rant.)			Canadian Tir	e Communi	cation	
Total amount of activity		\$		Amount p	Amount provided by family			\$			May Jumpstart communicate with you (the family) directly Yes ☐ No ☐		the family) directly?		
Amount requested from Jumpstart		\$ Ma									By completing this application, I authorize the local Canadian Tire Jumpstart Chapter to consult with my reference and				
Toward registration fees		\$		Payable to:							share information with the organization receiving payment for my child.				
Toward equipment		\$	Payable to:								Office Use Only				
Toward transportation		\$		Payable to:							Received				
Equipment or Trai	nsportation (if app	licable)										Decision			
Name of Company				Conta		ct						Amount	Approved	Declined	
Mailing Address (street/suite/unit)					Phone		;					Submitted on			
City		Province		,		Postal code						Submission #			
Confidentiality: Ca	nadian Tire Jumpsta	rt and its memb	ers will respec	t the confide	entiality o	of all applic	ants.	All personal in	nformation	is secu	red and	protected and will	not be used for	or any other	

purpose other than reference to the funding provided.