

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. The Jumpstart Community Partner contact will use the information to apply for funding on your behalf.

Parent /Guardian Information												Jumpstart Communication				
Name of child/youth First:			Last:			Date of birth (dd/mm/yyyy)				May Jumpstart communicate with you (the family) directly? Yes □ No □						
Mailing address		Street					Gender			Femal	⊕ 🗆		☐By completing this application, I authorize the local Canadian			
City			Province			Postal code					Tire Jumpstart Chapter to share information with the organizate receiving payment for my child.					
Home phone			Phone 2									☐ By sending this completed application, I am giving permission to use my child's name in any email communication with me.				
Full name of parent/guardian						Relationship						Examples of Funded Jumpstart Sports and Activities				
Email						# of people in	house	hold				Archery	B & G Club Membership	Badminton	Baseball	
Signature of parent/guardian						Date			•			Basketball	Biking	Bowling	Boxing	
										Broomball	Воссе	Cheerleading	Climbing			
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.									Community Centre Membership Cross Country Skiing		Curling	Dance				
and will not be used for any other purpose than reference to the runding application and internal reporting.										Day Camp	Diving	Equestrian	Fencing			
Full name of organization receiving funding												Figure Skating	Fishing	Fitness Membership	Floor Hockey	
Mailing Address (street/suite/unit)												Football	Girl Guides	Golf	Gymnastics	
City			Province			Postal code						Handball	Hockey	In-line Skating/ Rollerblading	Kinball	
Contact			Phone			Email						Lacrosse	Lawn Bowling	Martial Arts	Multi-sports	
Name of sport/activity				Program len	ogram length			Sessions per week		Hours per session		Orienteeri	ng Racquetball	Ringette	Rugby	
Grant Request (Exp	penses the grant w	ill be used fo	r. Please cons	ult with the	Commui	nity Partner	r for	allowable gr	ant.)			Sailing / Kayaking / Canoeing	Scouts	Skateboarding	Skating	
Total amount of activity			Amo		mount provided by family			\$				Skiing	Skipping	Snowboarding	Soccer	
Total amount requested from Jumpstart (Maximum \$300)*			\$									Softball	Squash	Swimming Ultimate	Table Tennis	
*Amount may vary by Chapter			ų			_						Tennis	Track & Field	Frisbee Windsurfing	Volleyball	
Please provide the breakdown of the amount requested from Jumpstart (i.e., registration, equipment and/or transportation		Toward registration fees		Payable	Payable to:								Walking Water Polo Wir YMCA/YWCA Membership You		Wrestling	
	Tov	Toward equipment		Payable	Payable to:							Office	Use Only			
		Toward transportation		Payab		to:						Received				
Equipment or Transportation (if applicable)												Decision				
Name of Company					Contact							Amount		Approved	Declined	
Mailing Address (street/suite/unit)					Phone							Submitted on				
City			Province			Postal code	ostal code					Submission #				
Confidentiality: Ca	art and its mem	bers will respec	t the confide	entiality o	f all applica	nts A	All personal in	formation	n is secu	red and	protected	and will not be u	ised for any oth	ner nurnose		

other than reference to the funding provided.