



**Jumpstart Application Form: Ensure all information is complete and accurate and PLEASE PRINT CLEARLY**  
**Funding amount maximum: \$200/funding term (Term 1: January 15-June 15; Term 2: July 15-November 15)**

**SECTION 1: APPLICANT INFORMATION**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Gender (Male/Female): \_\_\_\_\_ Child's Birth Date (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Postal Code of Child's Residence: \_\_\_\_\_ Permission for Canadian Tire Jumpstart to contact Family: YES  NO

Full Name of Parent/Guardian making this request: \_\_\_\_\_

Home Address (including Apt./Suite number): \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

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

**SECTION 2: ACTIVITY INFORMATION**

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

Number of Weeks for Activity: \_\_\_\_\_ Number of Sessions per Week: \_\_\_\_\_ Duration of Sessions (in hours): \_\_\_\_\_

Full name of organization offering the activity/sport (payment purposes): \_\_\_\_\_

**Mailing Address (where funding will be sent) and Contact Information of Organization Named Directly Above**

Street (including PO Box, Suite, Unit): \_\_\_\_\_

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

Organization Contact Name: \_\_\_\_\_

Organization Contact E-Mail: \_\_\_\_\_

**Activity Cost Information:**

Please indicate the type of funding being requested from Jumpstart: Registration  Equipment  Transportation

Total Activity Cost: \$ \_\_\_\_\_ Amount you are able to contribute: \$ \_\_\_\_\_ Amount requested from Jumpstart: \$ \_\_\_\_\_ (max. \$200)

**Parent/Guardian Agreement:**

I hereby agree that all information provided above 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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please see other side of form for Community Reference Endorsement section.

**SECTION 3: COMMUNITY ENDORSEMENT**

The following section can be used by a community leader to endorse this application for funding if **an endorsement letter is not provided**, in addition to, or in lieu of the provision of financial information of the applying family.

**Acceptable Endorsers (not a complete list):** Principal, Guidance Counselor, Teacher, Social Worker, Police Officer, Clergy, FCSS or community services staff, food bank

**Non-acceptable Endorsers (not a complete list):** relative, friend, neighbor not on above acceptable endorsers list.

Child Endorsing For: Child First Name: \_\_\_\_\_ Child Last Name: \_\_\_\_\_

Endorser First Name: \_\_\_\_\_ Endorser Last Name: \_\_\_\_\_

Endorser Address: \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

Occupation: \_\_\_\_\_

**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 recreation activity. I understand that Canadian Tire Jumpstart and/or its Community Partner Organizations may contact me to verify my endorsement.**

Signature of Endorser: \_\_\_\_\_ Date: \_\_\_\_\_



[www.jumpstart.canadiantire.ca](http://www.jumpstart.canadiantire.ca)

**For Applicants: Please bring completed application along with endorsement letter to your recreation or sports organization.**

**For Organizations: Please submit completed application along with confirmation of registration by email to the municipality contact below for which the applicant resides in:**

Municipality		Email	Phone
<b>Beaumont</b>	Community Program Coordinator	<a href="mailto:lori.cunningham@town.beaumont.ab.ca">lori.cunningham@town.beaumont.ab.ca</a>	780-929-1362
<b>Calmar</b>	FCSS Coordinator	<a href="mailto:ypearson@calmar.ca">ypearson@calmar.ca</a>	780-985-3191
<b>Devon</b>	Child and Youth Programmer	<a href="mailto:jhiggs@devon.ca">jhiggs@devon.ca</a>	780-987-8332
<b>Leduc</b>	Community Development and Projects Coordinator	<a href="mailto:egtp@leduc.ca">egtp@leduc.ca</a>	780-980-7177
<b>Leduc County</b>	Community Development Coordinator	<a href="mailto:andrea@leduc-county.com">andrea@leduc-county.com</a>	780-955-3555
<b>Thorsby</b>	Parks & Recreation Coordinator	<a href="mailto:recreation@thorsby.ca">recreation@thorsby.ca</a>	780-789-4041
<b>Warburg</b>	FCSS Coordinator	<a href="mailto:warburgfcss@wildroseinternet.ca">warburgfcss@wildroseinternet.ca</a>	780-848-2828

**For all other inquiries, please contact Rachel Yeung by phone at 780-980-8441 or by email at [ryeung@leduc.ca](mailto:ryeung@leduc.ca)**