



Jumpstart Application Form: Ensure all information is completed and accurate and PLEASE PRINT CLEARLY
Funding amount maximum: \$200/funding term per child
Term 1: January – June and Term 2: July - December

SECTION 1: APPLICANT INFORMATION

Child's First Name: _____ Child's Last Name: _____

Child's Gender (Male/Female): _____ Child's Birth Date: _____ / _____ / _____
Day Month Year

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

Full Name of Parent 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 of 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 representative to share this information with the organization or company that will receive payment for the 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 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 acceptance endorsers list.

Child Endorsing For: Child First Name: _____ Child Last Name: _____

Endorsers First Name: _____ Endorsers Last Name: _____

Endorsers Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Tel: (_____) _____

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 to verify my endorsement.

Signature of Parent/Guardian: _____ Date: _____



www.jumpstart.canadiantire.ca

Please submit completed application to: Pam Meurs at Boys and Girls Club of Wetaskiwin

Email: pam@wetaskiwin youth.ca or Fax: (780) 352-7780

You can reach Pam at (780) 352-4643.