



Jumpstart Application Form: Ensure all information is complete and accurate.

PLEASE PRINT CLEARLY.

SECTION 1: APPLICANT INFORMATION

2018

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: _____

HomeAddress (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: Gymnastics

Activity/Sport Start Date: _____ End Date: _____

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): Prince Albert Gymnastics Club

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

Street (including PO Box, Suite, Unit): 1150 3rd Avenue West

City: Prince Albert Province/Territory: SK Postal Code: S6V 5G3

Organization Contact Person Name: Karen

Organization Contact E-Mail: aerials@sasktel.net Phone Number 306-922-4812

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)

Have you applied for other support funding besides Jumpstart: YES NO Where: _____ Amount: \$ _____

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 . . . pg. 2

SECTION 3: COMMUNITY ENDORSEMENT – all information below must be complete in order to process application.

The following section can be used by a community leader to endorse this application for funding, in addition to, or in lieu of the provision of financial information of the applying family.

Acceptable Endorsers (not a complete list): School Principal, Guidance Counselor, Teacher, Doctor, Dentist, Lawyer, Social Worker, Police Officer, Clergy

Non-acceptable Endorsers (not a complete list): relative, any sport organization representative (including coach), 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.

I have read all of the above information, Signature of Endorser:

_____ **Date:** _____

Submit completed application to: Attn: Peggi-Lynn Gatin, **Fax:** 306-765-6624 **OR Mail** to: PAPHR, Health Promotion, Box 3003
Prince Albert, SK.S6V 6G1



FOR OFFICE USE ONLY: Application Received (dd/mm/yy) _____ / _____ / _____

Approved: (Y/N) _____ Rationale: _____

Financial Needs Analysis Completed: (Y/N) _____ Type of Needs Analysis Completed: _____

Submission Number: _____ Approved Date: _____

Communication with Family and Service Provider: _____

First Time Funding This Year: (Y/N) _____ Amount:\$ _____

Notes: _____
