



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

**PLEASE PRINT CLEARLY.**

**SECTION 1: APPLICANT INFORMATION**

**2019**

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: \_\_\_\_\_

**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): \_\_\_\_\_

**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 Person Name: \_\_\_\_\_

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

**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:  
\_\_\_\_\_