



Canadian Tire Jumpstart Application Form: Ensure all information is complete and accurate and PLEASE PRINT CLEARLY.
Please return completed application to Canadian Tire Grande Prairie Att: Ron Regnier or email Ron at Ron.Regnier.344@thetire.ca

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. \$300)

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, 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, neighbour not on above acceptable endorsers list.

Endorsing: 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

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: _____
