



# APPLICATION FORM

Applications available to apply online at [www.jumpstart.canadiantire.ca](http://www.jumpstart.canadiantire.ca)  
1-844-YES-PLAY

## SECTION 1: APPLICATION INFORMATION

Child's Name: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

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

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

Please check all that apply:  Single Parent Family  Dual Parent Family  Foster Parent Other: \_\_\_\_\_  
Number of children in the family under 19: \_\_\_\_\_ Have you applied for funding assistance from any other source?  Yes  No If yes, please explain: \_\_\_\_\_

Have you received Jump Start funding in the past?  Yes  No If yes, when? \_\_\_\_\_ How much? \_\_\_\_\_ For which sports? \_\_\_\_\_  
Rep:  Yes  No

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## SECTION 2: REQUEST FOR FUNDING

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

Organization offering the sport or activity: \_\_\_\_\_ Other – Please provide details \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of Sessions: \_\_\_\_\_ Length of Session (in minutes): \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_ Less Parent Contribution: \$ \_\_\_\_\_ TOTAL REQUEST (Max. \$300) \$ \_\_\_\_\_

Organization contact (if known): \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

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

## SECTION 3: COMMUNITY LEADER / PROFESSIONAL - ADULT ENDORSEMENT

As the endorser, you should have a good understanding of the applicant's family financial situation and their inability to pay for registration fees for the above sport. The endorser should be in a position to identify and assess the economic barriers of the applicant. Only endorse those applications that you know are in need.

1) /Counselor/ Professional- Adult Endorser

Name: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Please indicate relationship to applicant: \_\_\_\_\_

I certify my submission of the above child/youth and verify that all the information given is correct and can be substantiated

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

### FOR OFFICE USE ONLY

Application Reviewed(dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Application Complete: (Y/N) \_\_\_\_\_ Accepted: (Y/N) \_\_\_\_\_

Reason: \_\_\_\_\_ First Time Funding (Y/N) \_\_\_\_\_ Amount: \_\_\_\_\_

Allocation Period: Spring/Summer OR Fall/Winter

**Canadian Tire Jump Start and its members will respect the confidentiality of all applicants.**