|  |  |  |
| --- | --- | --- |
| **Parent /Guardian Information** |  | **Reference Information** |
| Name of child/youth | First:       | Last:       | Date of birth (dd/mm/yyyy) |       |  | If financial information is not provided, each application must have the endorsement (letter required) of a community professional (e.g., teacher, employer, police officer, principal, social worker, clergy member, lawyer, or doctor) familiar with your situation and who can verify that you require financial assistance. The reference cannot be a family member. |
| Mailing address | Street |       | Gender  | Male [ ]  Female [ ]  |  |
| City |       | Province |       | Postal code |       |  |
| Home phone |  | Phone 2 |       |  |
| Full name of parent/guardian |       | Relationship |       |  | Name |       |
| Email |       |  | Position |       |
| Signature of parent/guardian |  |  |  | Date |  |  | Phone |       |
| I hereby agree that all information provided on this application 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. |  | Email |       |
|  | Relationship |       |
|  | 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 recreational activity. I understand that Canadian Tire Jumpstart and/or its Community Partner Organizations may contact me to verify my endorsement. |
|  |
| Full name of organization receiving funding |       |  |
| Mailing Address (street/suite/unit) |       |  |
| City |       | Province |       | Postal code |       |  |
| Contact |       | Phone |       | Email |       |  | Signature |  |
| Name of sport/activity |       | Program length | # weeks |       | Sessions per week |       | Hours per session |       |  | Date |  |
| **Grant Request (Expenses the grant will be used for. Pleased consult with the Community Partner for allowable grant.)** |  | **Jumpstart Communication** |
| Total amount of activity | $      | Amount provided by family | $      |  | May Jumpstart communicate with you (the family) directly? Yes [ ]  No [ ]  |
| Total amount requested from Jumpstart (Maximum $300) | $       |  |  | By completing this application, I authorize the local Canadian Tire Jumpstart Chapter to consult with my reference and share information with the organization receiving payment for my child. |
| Please provide the breakdown of the amount requested from Jumpstart (i.e., registration, equipment and/or transportation) | Toward registration fees | $      | Payable to: |       |  |
| Toward equipment | $      | Payable to: |       |  | **Office Use Only** |
| Toward transportation | $      | Payable to: |       |  | Received |  |
| **Equipment or Transportation (if applicable)** |  | Decision |  |
| Name of Company |       | Contact |       |  | Amount | Approved [ ]  Declined [ ]  |
| Mailing Address (street/suite/unit) |       | Phone |       |  | Submitted on |  |
| City |       | Province |       | Postal code |       |  | Submission # |  |
| **Confidentiality:** Canadian Tire Jumpstart and its members will respect the confidentiality of all applicants. All personal information is secured and protected and will not be used for any other purpose other than reference to the funding provided. |