



Canadian Tire Jumpstart Application Form

Please ensure this form is fully completed

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name				
Mailing Address				
City/Town	Prov.		Postal Code	
Home Phone	Other Phone			
Email	Relationship			
Household (HH) Details	Number of Children in HH: _____	Size of Household: _____ 1 Parent _____ 2 Parent		
Signature of Parent/Guardian				
			Date	

CHILD/YOUTH INFORMATION

Child/Youth Name				
Mailing Address				
City/Town	Prov.			
Home Phone	School Name			
Age	Date of Birth			

SPORT/RECREATION INFORMATION

Sport/Recreation Activity Requested				
Program Duration	Start: _____	End: _____	# Wks.	
Organization Name	Contact			
Mailing Address	Phone			
City/Town	Prov.		Postal Code	
First time participating in this activity	____ Yes ____ No If no, for how many years? _____			
Organization Email				

GRANT REQUEST (Expenses the grant will be used for)

Registration Fees	\$		
Equipment	\$		
Total Request	\$		
Previous Canadian Tire Jumpstart Support?	Has your child received previous Jumpstart funding? _____ No _____ Yes		
	If yes, when?		

PROOF OF TOTAL FAMILY INCOME MUST ACCOMPANY THE APPLICATION FORM. YOU MUST INCLUDE EITHER A OR B

[Blank area for proof of total family income]

A	Notice of Assessment from the previous year
OR	
B	3 consecutive paystubs (for each contributing member of the household)

CONFIDENTIALITY

All information received is kept confidential

CANADIAN TIRE STORE LOCATION

Is there a Store in your area?	____ Yes ____ No
If no, please indicate the nearest store	

OFFICE USE ONLY

Received	
Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Amount	
Cheque #	
Cheque Date	