



Canadian Tire Jumpstart Application Form

Please ensure this form is fully completed. Please submit a separate application for each child. Proof of financial need required.

Parent /Guardian Information													
Name of child/youth		First:		Last:		Date of birth (dd/mm/yyyy)							
Mailing address			Street			Gender			Male <input type="checkbox"/> Female <input type="checkbox"/>				
City			Province		Postal code								
Home phone			Phone 2										
Full name of parent/guardian						Relationship							
Email													
Signature of parent/guardian						Date							
<p>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.</p>													
Full name of organization receiving funding			Harbour City FC										
Mailing Address (street/suite/unit)			PO BOX 37072 Country Club PO										
City		Nanaimo		Province		BC		Postal code		V9T 6N4			
Contact		Joel Butler		Phone		250-729-9400		Email		admin@harbourcityfc.com			
Name of sport/activity		Soccer		Program length		# weeks		Sessions per week		Hours per session			
Grant Request (Expenses the grant will be used for. Pleased consult with the Community Partner for allowable grant.)													
Total amount of activity			\$			Amount provided by family			\$				
Total amount requested from Jumpstart (Maximum \$300)			\$										
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:							
		Toward transportation		\$		Payable to:							
Equipment or Transportation (if applicable)													
Name of Company						Contact							
Mailing Address (street/suite/unit)						Phone							
City				Province					Postal code				
<p>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.</p>													

Reference Information	
<p>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.</p>	
Name	
Position	
Phone	
Email	
Relationship	
<p>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.</p>	
Signature	
Date	
Jumpstart Communication	
<p>May Jumpstart communicate with you (the family) directly? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>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.</p>	
Office Use Only	
Received	
Decision	
Amount	Approved <input type="checkbox"/> Declined <input type="checkbox"/>
Submitted on	
Submission #	



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