

Canadian Tire Jumpstart Application Form

SECTION 1: APPLICATION INFORMATION

Child's Name: _____ Birth Date (dd/mm/yy): _____ / _____ / _____

Gender: _____ Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Tel: (_____) _____ Email: _____

Name of Parent/Guardian: _____

SECTION 2: REQUEST FOR FUNDING

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

Organization offering the sport or activity: _____

Start Date: _____ End Date: _____ # of Sessions: _____ Length of session (in minutes): _____

Explanation of Fees/Costs: _____

Please indicate amount you are able to contribute: _____

Please indicate type of fees/costs requested from Jumpstart: _____ Request: _____

Organization contact: _____ Tel: (_____) _____

E-Mail: _____

Address: _____ City: _____

Province/Territory: _____ Postal Code: _____

SECTION 3: ENDORSEMENT

Community Leader (School Principal/Guidance Counselor/Doctor/Dentist/Lawyer)

Name: _____ Address: _____

City: _____ Province: _____ Telephone: (_____) _____

Email: _____

Please indicate relationship to applicant: _____

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

Signature: _____ Date: _____

If possible, please attach a letter from a community leader indicating relationship to applicant verifying the applicant's economic barrier to participate in the requested activity or program. The community leader should be in a position to identify and assess the economic barriers of the applicant.

Return completed forms to: execdir@bgcwilliamslake.com, or via fax to: 250-392-5743
Forms can also be dropped off to 17 South 4th Avenue, Williams Lake, BC. V2G 1J6

FOR OFFICE USE ONLY

Application Received (dd/mm/yy) _____ / _____ / _____ Accepted: (Y/N) _____ Follow-up Complete: (Y/N) _____

Reason: _____

First Time Funding: (Y/N) _____ Amount: \$ _____ Allocation Period: Spring/Summer OR Fall/Winter

Canadian Tire Jumpstart and its members will respect the confidentiality of all applicants. By completing this application, I hereby authorize Canadian Tire to contact me and Canadian Tire Jumpstart Chapters to consult with the endorser and share this information with the organization or company that will receive the payment for my child.

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 and will not be used for any other purpose than reference to the funding provided.