



Canadian Tire Jumpstart Application Form

Pictou County Chapter



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?		

REFERENCE INFORMATION

Please provide a reference that is familiar with your situation and who can verify that you require assistance. This person must be a non-family member or friend. They can be a social worker, teacher/principal, employer, counselor, police officer, clergy member, etc.

Name	
Position	
Daytime Phone	
Email	
Relationship	
<i>I support the request on behalf of the youth named whose need is consistent with the Canadian Tire Jumpstart program guidelines.</i>	
Signature	
Date	

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	