

# Canadian Tire Jumpstart Application Form

Please print & complete this form and either fax to 416-932-9844 or  
Scan the completed form to your computer and email to [jumpstart@easterseals.ca](mailto:jumpstart@easterseals.ca)



## SECTION 1: APPLICATION INFORMATION

Child's Name: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ 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: \_\_\_\_\_  
• Other – Please provide details: \_\_\_\_\_  
• Fees: \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL ) \$ \_\_\_\_\_  
Organization contact (if known): \_\_\_\_\_  
Tel: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please indicate sport or recreation activity start date: \_\_\_\_\_

Please indicate duration of sport or recreation activity: \_\_\_\_\_

## 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.

### FOR OFFICE USE ONLY

Application Received (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Application Complete: (Y/N) \_\_\_\_\_ Accepted: (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 and its local Canadian Tire Jumpstart Chapter to consult with the endorser and share this information with the organization or company that will receive the payment for my child.