



ALL SECTIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED:

SECTION 1: APPLICATION INFORMATION

Child's Name: _____ Birth Date dd/mm/yy): ___/___/___ Gender: ___ Age: ___
Address: _____ City: _____ Province: _____ Postal Code: _____
Tel: (_____) _____ Email: _____

SECTION 2: REQUEST FOR FUNDING (note: Canadian Tire Jumpstart is a charitable program that helps kids in financial need aged 4 to 18 participate in organized sport and recreation activities)

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

Organization offering the sport or activity: SUSC

Other: **Registration fee \$400.00; turf fee \$75.00; Equipment fee \$50.00; Start up fee \$100.00**

Note: a maximum of one program registration funded per session (Spring/Summer by June 1st; Fall/Winter by November 1st); first time applicants receive priority)

TOTAL (Max. \$300) \$ 625.00

Organization contact (if known): Lisette Denis

Tel: **(306)** 384-7872 Address: Box 30070

City: Saskatoon Province/Territory: SK Postal Code: S7L 7M6

Please indicate sport or recreation activity start date: October 12, 2010

Please indicate duration of sport or recreation activity: March 20, 2011

SECTION 3: ENDORSEMENT

1) Parent Name: _____ Address: _____

City: _____ Province: _____ Telephone (_____) _____

Email: _____

Please indicate relationship to applicant: _____

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

Signature of Adult: _____ Date: _____

2) Community Leader/Professional Reference

An individual who will support your application, but who is not responsible for the program you are asking for funds for. The community leader indicates 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.

Organization: _____ Position: _____

Address: _____ City: _____ Province/Territory: _____

Tel (w): (_____) _____ Email: _____

FOR OFFICE USE ONLY Application Received (dd/mm/yy) _____/_____/_____

Registration Information Verified: _____ Application Complete: (Y/N) _____

Accepted: (Y/N) _____ Reason: _____

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

Canadian Tire Jump Start and its members will respect the confidentiality of all applicants

Return completed applications to SUSC Box 30070 Saskatoon SK S7L 7M6 or Fax: 3847872