



# APPLICATION FORM

## SECTION 1: APPLICATION INFORMATION

Participant's (child's) Name: \_\_\_\_\_

Birth Date (dd/mm/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Female ( ) Male ( )

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_)\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## SECTION 2: REQUEST FOR FUNDING

I would like to request funding for - Sport or Activity – Organization Name:

\_\_\_\_\_

Other – Please provide details:

\_\_\_\_\_

\_\_\_\_\_

Registration Fees \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL (Maximum \$300) \_\_\_\_\_ \$ \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Contact Person's Executive Position within Organization:  
(example: President, Secretary, Treasurer, Registrar) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_)\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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



**SECTION 3: ENDORSEMENT**

**Parent/Guardian**

Please indicate your relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: COMMUNITY LEADER/PROFESSIONAL**

Please attach a letter from a community leader indicating their relationship to the applicant, and a verification of 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: \_\_\_\_\_

Community Leader's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Received (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Application Complete: Yes ( ) No ( ) Application Accepted: Yes ( ) No ( )

Reason: \_\_\_\_\_

First Time Funding: Yes ( ) No ( ) Amount: \$ \_\_\_\_\_

Allocation Period: (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cheque # \_\_\_\_\_ Cheque Date: (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*When the forms are completed, mail or hand-deliver the application to: JUMP START, c/o Community Services Department, Recreation & Culture Division, Level 2, Civic Centre, 99 Foster Drive, Sault Ste. Marie, ON P6A 5X6*

***Canadian Tire JumpStart and its members will respect the confidentiality of all applicants***