



APPLICATION FORM
Applications available to apply online at www.jumpstart.canadiantire.ca
1-844-YES-PLAY

SECTION 1: APPLICATION INFORMATION

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

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

Tel: (_____) _____ Cell: (_____) _____ Email: _____

Please check all that apply: Single Parent Family Dual Parent Family Foster Parent Other: _____

Number of children in the family under 19: _____ Have you applied for funding assistance from any other source? Yes No If yes, please explain: _____

Have you received Jump Start funding in the past? Yes No If yes, when? _____ How much? _____ For which sports? _____
Rep: Yes No

Parent Name: _____ Parent Signature: _____

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 _____

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

Registration Fees: \$ _____ Less Parent Contribution: \$ _____ TOTAL REQUEST (Max. \$300) \$ _____

Organization contact (if known): _____ Tel: (_____) _____ Address: _____

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

SECTION 3: COMMUNITY LEADER / PROFESSIONAL - ADULT ENDORSEMENT

As the endorser, you should have a good understanding of the applicant's family financial situation and their inability to pay for registration fees for the above sport. The endorser should be in a position to identify and assess the economic barriers of the applicant. Only endorse those applications that you know are in need.

1) /Counselor/ Professional- Adult Endorser

Name: _____ Position: _____

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 Endorser: _____ Date: _____

FOR OFFICE USE ONLY

Application Reviewed(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 Jump Start and its members will respect the confidentiality of all applicants.

PLEASE RETURN APPLICATIONS TO:

Big Brother Big Sisters of Lloydminster -#3 4301 49 Avenue, Lloydminster, SK 306 825-5763 OR

Lloydminster Catholic School Division – 6611 B 39 Street, Lloydminster, AB FAX: 780 808-8787