



On behalf of Canadian Tire Jumpstart Charities, we would like to thank you for your interest in our Jumpstart program.

The application form is used to identify children in financial need looking to participate in a specific sport or recreational activities. Our goal is to help those children that would not have otherwise been able to participate in a physical activity without the assistance of the Canadian Tire Jumpstart program.

Listed below are the general funding guidelines for the Renfrew County Chapter program:

- for children aged 4 to 18 years old
- multiple children within the same family can apply
- funding is for individual children, not groups or teams
- funding should be for a sustained program that lasts a season
- maximum of \$150 per child, up to 4 times per year
- a Notice of Assessment for each parent living with the child

Completed applications may be sent by mail, email or fax.

Jennifer Levair, Administrative Supervisor

Boys and Girls Club of Pembroke

P.O. Box 1354

Pembroke, Ontario, K8A 6Y6

email:

administrativesupervisor@boysandgirlsclubofpembroke.org

fax: 1-613-706-0130

Questions? Call us at 613-735-1933



APPLICATION FORM 2018

YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH CHILD
INCOMPLETE FORMS WILL BE RETURNED

PARENT/GUARDIAN INFORMATION

Name of Parent: _____ Relationship to Child: _____
 Address: _____
 City: _____ Postal Code: _____
 Telephone: Daytime: _____ Evening: _____
 Email address: _____
 Number of Children in Household: _____ Check One: () One Parent Household () Two Parent Household
 Signature of Parent/Guardian: _____ Date: _____

CHILD / YOUTH INFORMATION

Name: _____ Gender (M/F) _____ Date of Birth (D/M/Y): ____ / ____ / ____
 Address: _____
 City: _____ Postal Code: _____
 Telephone: _____ Has your child received previous Jumpstart funding: Yes /No: _____
 If yes, when? _____

SPORT ORGANISATION INFORMATION - If available, please attach a copy of the registration form.

Name of Sport: _____ Name of League/Organization: _____
 Address: _____
 City: _____ Postal Code: _____
 Name of Contact: _____ Position: _____
 Telephone: Daytime: _____ Evening: _____
 Email address: _____
 Please indicate activity start date: _____ Length of activity (in weeks): _____
 # times per week: _____ #hours per day: _____

FUNDING REQUEST

Total Registration Cost:	\$ _____	Amount Requested from JumpStart:	_____
Total Equipment Cost:	\$ _____	Amount Requested from JumpStart:	_____
Total Transportation Cost:	\$ _____	Amount Requested from JumpStart:	_____
TOTAL COST:	\$ _____	TOTAL REQUEST FROM JUMPSTART	_____

Amount contributed by Family/Guardian: \$ _____ (Total Cost - Total requested from JumpStart)

Equipment type (if requesting from JumpStart): _____

for office use only: Application received (d/m/y): _____
 Approved _____ Denied _____ First Time Funding Y/N: _____
 Funding Amount: \$ _____ Submission # _____
 Cheque # _____ Cheque Date (d/m/y): ____ / ____ / ____

Canadian Tire Jumpstart Charities and its members will respect the confidentiality of all applicants.