



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

The Canadian Tire Jumpstart program has two main funding allocation periods – one for the Spring/Summer (January 15 to June 15) season and one for the Fall/Winter (July 15 to November 15) season.

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
- you will only be responded to if you are accepted
- maximum of \$200 per child, per year, this can be divided between spring and fall
- a notice of assessment for each parent living with the child

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

Rhodina Turner, Executive Director

Boys and Girls Club of Pembroke

P.O. Box 1354

Pembroke, Ontario, K8A 6Y6

email: executivedirector@boysandgirlsclubofpembroke.org

fax: 1-613-706-0130

Questions? Call us at 613-735-1933



APPLICATION FORM 2015

Parents or legal guardians must submit separate applications for each child.

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

Registration Request: \$ _____

Equipment Request: \$ _____ Type of Equipment: _____

Transport Request \$ _____

TOTAL REQUEST: \$ _____

Amount contributed by Family/Guardian \$ _____

Total Program Cost: \$ _____ (total request + family contribution)

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.