FUND ALLOCATION GUIDELINES

The following are the guidelines of the **Canadian Tire Central Jump Start chapter.**

1. Grants will not exceed a maximum of $300 per application.
2. Recipients must be between the ages of 4-18 years of age.
3. A child can receive more than one (1) grant in a calendar year to a maximum of $600.
4. Funds are awarded for registration fees, equipment and/or transportation costs.
5. Funding is available for members of the same family for the same season.
6. Funding must be for ongoing activities/ programs.
7. Funding should be for a sustained program that lasts a season (6-8 weeks).
8. Applications for Spring & Summer activities deadline is May 1st. Fall & Winter applications are accepted until November 1st.
9. Incomplete application forms will be sent back to the applicant for completion if required.
10. Applicants will receive a letter or call no more than four (4) weeks after the deadline notifying them of the status of their application.
11. Cheques for registration grants will be made payable to a league, association, or club. Cheques for equipment will be made payable to a sporting goods retailer. All cheques will be issued by Canadian Tire Jumpstart Coordinator.

***Confidentiality of all recipients will be protected.**

FOR APPLICATION FORMS OR ADDITIONAL INFORMATION CONTACT:

Canadian Tire Associate Dealer
Kevin Soehner

Canadian Tire Petroleum Agent
Ralph Wark

Department of Community Services
Patricia Moore

Early Intervention Program
Gillian Ellis

Maccan Youth Recreation Center
Ernest Leblanc

Maggie's Place
Karen LeBlanc

Municipality of the County of Cumberland
Vicki Weaver

Principal Cyrus Elementary School
Curtis Shanks

Pugwash
Curtis Shanks

Town of Amherst
Corey Crocker

Town of Oxford
Linda Cloney

Town of Parrsboro
Tissy Bolivar

Town of Springhill
Pam Adams

Wallace & Area Recreation
Charles Kennedy

Wentworth Community Schools Council
Joanne Ferdinand

CANADIAN TIRE JUMPSTART

Cumberland Chapter

Jumpstart

Giving kids a sporting chance.

Canadian Tire believes all kids should have the chance to run, skate, play and grow. That's why they have created Canadian Tire JumpStart, a community based charitable program from the Canadian Tire Foundations for families that helps kids in need participate in organized sport and recreational activities.

APPLICATION / YOUTH INFORMATION (print clearly)

Name of Child/Youth: _____

Date of Birth: _____ Sex M/F _____

Mailing Address _____

Postal Code _____ Telephone _____

School Attending _____ Number of Children in family: _____

Parent/Guardian : _____

ACTIVITY INFORMATION:

Name of Sport or Recreation Activity Participating In _____

Program Duration: Start Date: _____

Finish Date: _____

Total # of Weeks: _____

Contact name and full mailing address including postal code of group/organization

that cheque is payable to:_____

_____

Is this the first time participating in this activity? Yes _____ No _____

If No, how many years has she / he been involved? _____

Has this youth received previous funding? Yes _____No ____

Has your child registered? Yes____ No____

Have you confirmed the registration fee? Yes____ No____

Have you confirmed the equipment cost? Yes _____ No_____

FUNDING REQUEST: Expenses for the grant will be used for:

Registration Fees $_____

Equipment Request:

Item _____ Approx. Cost _____

Item _____ Approx. Cost _____

Item _____ Approx. Cost _____

Total Request $ _____ (not to exceed $300)

Is there a "Canadian Tire" location in your area? Yes _____ No _____

If No, please indicate the nearest store _____

REFERENCE

Please provide a reference that is familiar with your situation and who can verify that you require assistance. This person can be a member of the clergy, employer, police officer, school teacher/official, counselor or a professional in family services, health, social worker, or sport & recreation.

Name of reference: _____

Profession / Occupation _____

Daytime Telephone _____

Address _____

I support the request on behalf of the youth named above whose need is consistent with the Canadian Tire Jump Start Fund Guidelines (see back of this application).

Signature: _____ Date: _____

Please mail or drop off completed application to:

Pam Adams, Town of Springhill
P.O. Box 150, 6 Main Street
Springhill, NS B0M 1X0
Phone: 763-3000 Fax: 763-3012

FOR OFFICE USE

Date Received _____ Submission No. _____

Registration Approved _____ Declined _____

Equipment Approved _____ Declined _____