

CANADIAN TIRE JUMPSTART PROGRAM PURPOSE:

The Canadian Tire Jumpstart is a charitable program created by the Canadian Tire Foundation for Families to help kids in financial need participate in organized sport and recreation.

The Canadian Tire Jumpstart Program is a program that allows youth to participate in a sport and recreation in their community without having to worry about their financial constraints. This program places emphasis on children and youth who are inactive with the goal to assist them to take the necessary steps to make healthier lifestyle changes.

Parents/Guardians

The Jumpstart Program provides funding for your child/youth to participate in organized programs such as baseball, soccer, swimming, bowling, etc. This program assists with the costs associated with registration fees and equipment.

FUND ALLOCATION GUIDELINES

The Following are the guidelines of the Canadian Tire Jumpstart Avalon Chapter.

- Grants will not exceed a maximum of \$300 per application.
- Recipients must be between 4 to 18 years of age.
- Funds are awarded for registration fees and equipment.
- More than one member of a family can apply for each season.
- Funding should be for a sustained program that lasts a season.

HOW TO GET INVOLVED!

1. Choose a community based recreation or sport program of interest to your child or youth.
2. Complete all sections of the application form including the reference section.
3. Please Mail, Fax or Drop off applications to:

Mailing Address:

c/o Inclusive Services Coordinator
City of St. John's
Canadian Tire Jumpstart Program
P.O. Box 908, St. John's, NL
A1C 5M2

Drop-Off:

H.G.R. Mews Community Centre
40 Mundy Pond Road

Wedgewood Park Recreation Centre
47 Gleneyre Street

Fax: 576-2308

APPLICATION DEADLINES:

Summer - May 20

Fall - August 21

Winter/Spring - December 3

Confidentiality of all applicants will be protected!

For further information on the Canadian Tire Jumpstart Program please contact the following Canadian Tire store locations:

26 Merchant Drive, Mount Pearl - 364-5880

60 Elizabeth Avenue, St. John's - 722-1860

50 Kelsey Drive, St. John's - 722-5530

or contact:

Inclusive Services Coordinator at 576-8601 or 576-2574

or recreation@stjohns.ca or

www.canadiantire.ca/jumpstart/

Avalon Chapter Submission Coordinators

Name	Location	Phone
Sean McKenna	City of Mount Pearl	748-1046
Jennifer Martin	Town of Potugal Cove- St. Phillips	895-8000 ext. 4
Tina Auchenlick	Torbay and Pouch Cove	437-6532 ext. 226
	Town of Conception Bay South	834-6643
Denise Hapgood	Town of Holyrood	229-7252
Matthew Cooper	Town of Pouch Cove	335-2270

Canadian Tire Jumpstart Avalon Chapter Vision

"To give all youth in the Avalon region the opportunity to participate in organized sport and recreational activities with their peers; regardless of their family financial status."



Canadian Tire Jumpstart Avalon Chapter

Canadian Tire Jumpstart Application

Please ensure that the Application is fully completed



PARENT / GUARDIAN INFORMATION

Name of Parent / Guardian _____ Address _____ Town/City _____

Postal Code _____ Telephone(Home): _____ (Work): _____

CHILD / YOUTH INFORMATION

Name of Participant _____ Date of Birth(DD/MM/YY) _____ Sex M/F _____

Address _____ Town/City _____ Postal Code _____

Telephone _____ School Attending _____

PROGRAM INFORMATION

Sport or Recreation Activity Requested _____ Program Start Date(DD/MM/YY) _____

Program Finish Date(DD/MM/YY) _____ Total # of Weeks _____ Name of Recreation/Sport Org. _____

Telephone: _____ Mailing Address: _____

Organization Contact Person and Position: _____

Name and Mailing Address of group/organization that the cheque is payable to if different from above: _____

FUNDING CRITERIA

Is this the first time participating in this activity? Yes ___ No ___ If No, how many years has the participant been involved? _____

Has the participant received previous funding from the Canadian Tire Jumpstart? Yes ___ No ___ If yes, please include when _____

Will you be receiving funding from any other source at this time (Kidsport or R.E.A.L. Program)? Yes ___ No ___

If yes, please indicate where this funding will come from: _____

Will the participant be registered or involved in any other recreation program at this time? Yes ___ No ___

If yes, what program? _____

GRANT REQUEST

Please indicate what this grant will be used towards and include amounts:

Registration Fees \$ _____ Equipment \$ _____ Total Request \$ _____ **Please Note: Requests cannot exceed \$300.00**

For office use only:

Date application received: _____ **Date application processed:** _____

REFERENCE INFORMATION

All applications must include a letter from a reference who is familiar with your situation and can verify that you require assistance from the Canadian Tire Jumpstart Program. This letter should be completed by an adult who knows the participant and can also verify the benefits that would occur by your child being involved in a recreation or sport program. The reference cannot be a parent or relative, but may include the following: Teacher, Social Worker, Coach, Clergy, Community Group Leader or Police Officer.

In case the reference does need to be contacted, please fill out the below information.

Name of Reference: _____

Telephone: _____

Relationship to Applicant: _____

Mailing Address: _____

E-Mail: _____

This information is collected to ensure the vision of the Canadian Tire Jumpstart Program is maintained and the funds are being used to get as many children and youth active, who otherwise would be unable to do so.

All information received is kept confidential.

CANADIAN TIRE STORE INFORMATION

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

If No, please indicate the nearest store
