## Jumpstart
### Giving kids a sporting chance

This program helps financially disadvantaged children get involved in organized sport and recreational opportunities by covering registration costs.

The goal of this program is to help those children that would not otherwise be able to participate in a physical activity program without the assistance of the Canadian Tire Jumpstart program.

### Who can apply?

- Parents/Guardians can apply for children ages 4 – 16
- The program is open to individual children, not groups or teams
- Funding is available for multiple children within the same family

### What activity does the program support?

- Funding is available for swimming lessons, rock climbing programs, and fitness specialty programs

### What do the funds cover?

- Funding will cover the full registration fee for applicable programs at a maximum of 1 program per child/season and 4 programs per child/year
- There are four funding allocation programs:

  Fall (Sept-Dec), Winter (Dec-April), Spring (May-June), Summer (June-Sept)

- A completed application form is required for each child per program; children may apply for successive programs

### Is the application confidential?

- Confidentiality of all applicants and recipients will be protected

### Additional information

- Please limit applications to one per child, per program
- An endorsement letter is required to determine eligibility
- Jumpstart provides assistance for specific RECC programs, but does not provide assistance for memberships or non-applicable RECC programs

## How to Apply

Please send completed application form(s) to:

**Rath Eastlink Community Centre
625 Abenaki Road,
Truro NS B2N 0G6**

or drop by in person

Please address your envelope:

**"Rath Eastlink Community Centre Jumpstart Application"**

See our Program Guide online for our selection of program sessions
www.ratheastlinkcommunitycentre.ca/**letsplay**

# Let's Play

## Jumpstart™
### Giving kids a sporting chance

# CANADIAN TIRE JUMPSTART APPLICATION FORM

**RATH EASTLINK COMMUNITY CENTRE**

Jumpstart — Giving kids a sporting chance

## PARENT / GUARDIAN INFORMATION

| | | | |
|---|---|---|---|
| Parent/Guardian Name | | | |
| Mailing Address | | | |
| City | | Prov. | Postal Code |
| Home Phone | | Other Phone | |
| Email | | Marital Status | |
| Household (HH) Details | Number of Children in HH: _____ | Size of Household: _____ 1 Parent _____ 2 Parent | |
| | | | |
| Signature of Parent / Guardian: | | Date: | |

## CHILD / YOUTH INFORMATION

| | | | |
|---|---|---|---|
| Child / Youth Name | | Gender | |
| Mailing Address | | | |
| City | | Prov. | Postal Code |
| Home Phone | | School Name | |
| Age | | Date of Birth (D/M/Y) | |

## PROGRAM BEING APPLIED FOR

| Wallnuts | | | Swimming Lessons | | |
|---|---|---|---|---|---|
| Age Group: | Day: | Time: | 1st choice | Day: | Time: |
| | | | 2nd choice | Day: | Time: |
| | | | Swimming Level | | |
| **Other Programs** | Name: | | Day: | Time: | |
| First time participating in this activity? | _____ Yes _____ No | | Additional Notes: | | |

## FUNDING REQUEST (Maximum allowable grant: full registration for one program/season)

| | | |
|---|---|---|
| Registration Fees | | |
| Total Funding Request | | |
| Previous Canadian Tire Jumpstart Support? | Has your child received previous Jumpstart funding? _____ No _____ Yes If yes, when? | |

## REFERENCE INFORMATION

As a participant you must have the endorsement of a community professional who is familiar with your situation and who can verify that assistance is required. The mandatory letter of endorsement must include a reference and must indicate the financial barriers affecting the family. References must be from a non-family member (teacher, employer, police officer, principal, counselor, social worker, coach or clergy member, etc.).

| | |
|---|---|
| **Reference Name** | |
| **Position** | |
| **Day Time Phone** | |
| **Email** | |
| **Relationship to Applicant** | |

By completing this application I authorize the local Canadian Tire Jumpstart Chapter to consult with my reference and share information with the organization receiving payment for my child.

| | |
|---|---|
| **Signature** | |
| **Date** | |

## CONFIDENTIALITY

All information received will be kept confidential.

## OFFICE USE ONLY

| | |
|---|---|
| **Received** | |
| **Submitted On** | |
| **Submission #** | |

**Let's Play**

**Please submit a separate application for each child. Return fully completed form in person or by mail to Rath Eastlink Community Centre, 625 Abenaki Road, Truro, NS B2N 0G6**

www.ratheastlinkcommunitycentre.ca/letsplay