

FUND ALLOCATION GUIDELINES

The following are the guidelines of the **Canadian Tire Jump Start** Kings/West Hants Chapter.

1. Grants will not exceed a maximum of \$300 per application.
2. Preference is given to Youth who are first time applicants to this fund.
3. Recipients must be between the ages of 4-18 years.
4. Funds are awarded for registration fees.
5. Funding must be for ongoing activities/programs. No short term programs permitted. Funding for elite sports/activities may not be considered.
6. Funding should be for a sustained program that lasts a season.
7. Applications are accepted three times per calendar year; **deadlines are April 2, June 30 & October 1, 2010.**
8. Incomplete application forms will be sent back to the applicant for completion if required.
9. Applicants will receive a letter or call no more than four (4) weeks after the deadline notifying them of the status of their application.
10. Cheques will be made payable to a league, association, club or Recreation Department or program provider.

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

APPLICATIONS ARE AVAILABLE AT THE FOLLOWING PARTNERS.

Completed application can be dropped off at any of these locations or mailed.

Canadian Tire Store New Minas
Guenther Wrobel –Store Manger
Customer Service Desk
9212 Commercial St., New Minas
902-681-4576

Canadian Tire Store Greenwood
Debbie Parks-Foundations For Families
Customer Service Desk
830 Central Avenue Greenwood, NS
B0P 1N0
902-765-6338.

14 Wing Greenwood Community Centre
Jill Jackson- Recreation Director
Box 964 Greenwood, NS B0P 1N0
902-765-1494 ext 5331

West Hants Recreation Department
Kathy Kehoe-Recreation Coordinator
Box 3000 Windsor, NS B0N 2T0
902-798-6938

Municipality of Kings- Recreation
Bruce MacArthur-Recreation Coordinator
Box 100, 87 Cornwallis St., Kentville, NS
902-690-6124



CANADIAN TIRE

JUMP START

Giving All 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 financial need participate in organized sport and recreational activities.

PARENT/GUARDIAN INFORMATION

Each application on behalf of a youth must be initiated by an Adult-Parent, Guardian, Employer, Coach, School Official or Reference.

Parent/Guardian_____

Address_____ Town_____ Postal Code_____

Daytime Telephone_____ Number of Children in family_____

APPLICANT/YOUTH INFORMATION

Name of Youth_____ Date of Birth_____ Sex M/F_____

Address_____ Town_____ Postal Code_____

Telephone_____ School Attending_____

Name of Sport or Recreation Activity Participating In_____

Name & Address of League/Association/Club or Recreation Department or Program_____

(Please include complete mailing address & contact telephone number.) _____

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___ If Yes, What fund? _____

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

Registration Fees \$_____ TOTAL REQUEST (Maximum \$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 financial assistance. This person must be one of the following: an employer, school teacher/official/ counsellor, professional in family services, social work, or Recreation Director. Cannot be a family member, i.e.: parent, aunt./uncle, or grandparent.

Name of Reference_____ Profession /Occupation_____

Daytime Telephone_____ Address_____

As the reference, in your opinion if this child did not receive this funding would they still be able to participate? Yes_____ No_____ Unsure _____

I support the request for funds on behalf of the youth named above whose financial need is consistent with the Canadian Tire Jump Start Fund Guidelines.

Signature_____ Date_____