



Jumpstart

Cape Breton/Victoria Counties Chapter

Canadian Tire Jumpstart helps financially disadvantaged kids get involved in organized sport and recreation by covering the costs of registration, equipment and/or transportation.

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

Who Can Apply?

- Parents/Guardians can apply for children aged 4 – 18.
- The program is open to individual children, not groups or teams.
- Funding is available for multiple children within the same family for the same season.

What Does the Grant Cover?

- Funds are awarded for registration fees, equipment and/or transportation costs.
- Grants are available for up to \$300 per child per application.

What Kind of Sport or Recreational Activity Is Covered?

- Funding is available for any sustained program that lasts a season.
- Funding must be for on-going activities or programs.

Is the Application Confidential?

- Confidentiality of all Recipients will be protected.

Other FAQs

- Children can apply for successive seasons in an activity, up to a maximum of \$600.
- To receive assistance for equipment, the applicant must show proof of registration
- Incomplete application forms will be sent back for completion, it required.
- Applicants will receive a letter no later than four (4) weeks after the deadline notifying them of the status of their application.
- Grants are made payable to a league, association or club. Grants for equipment are made payable to a sporting goods retailer.

How to Apply

Contact Name
Jonathan Penny CBRM Recreation Coordinator
320 Esplanade
Sydney, NS B1P 7B9
(902) 563-5512
jpenny@cbrrm.ns.ca

Contact Name
Tom Wilson
PO BOX 370
Baddeck, NS B0E 1B0
(902) 295-3664
Tom.wilson@countvictoria.ns.ca

For information with regard to your application please contact:
Jonathan Penny
Program Coordinator
(902) 563-5512
jpenny@cbrrm.ns.ca

Application Deadlines

May 21	Oct 21
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The way we see it,
the answer to “can I play”



...should always be **Yes!**



Jumpstart

Giving kids a sporting chance.

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Canadian Tire Jumpstart Application Form

Please ensure this form is fully completed.

PARENT / GUARDIAN INFORMATION									
Parent / Guardian Name									
Mailing Address									
City / Town	Prov.	Postal Code							
Home Phone	Other Phone								
Email	Relationship								
Household (HH) Details	Number of Children in HH:	1 Parent	2 Parent						
Signature of Parent / Guardian									
Date									
CHILD / YOUTH INFORMATION									
Child / Youth Name			Gender						
Mailing Address									
City / Town	Prov.	Postal Code							
Home Phone	School Name								
Age	Date of Birth								
SPORT / RECREATION INFORMATION									
Sport / Recreation Activity Requested									
Program Duration	Start:	End:	# Wks						
Organization Name	Contact								
Mailing Address	Phone								
City / Town	Prov.	Postal Code							
First time participating in this activity?	Yes ___ No ___		If No, for how many years? ___						
GRANT REQUEST (Expenses the grant will be used for)									
Registration Fees	\$								
Equipment	\$								
Transportation	\$								
Total Request	\$								
Previous Canadian Tire Jumpstart Support?	Has your child received previous Jumpstart funding? ___ No ___ Yes ___ If yes, when?								

REFERENCE INFORMATION	
Please provide a reference that is familiar with your situation and who can verify that you require assistance. This person must be a non-family member. They can be an employer, police officer, teacher / principal, counselor, social worker, coach or clergy member.	
Name	
Position	
Day-time Phone	
Email	
Relationship	
<i>I support the request on behalf of the youth named whose need is consistent with the Canadian Tire Jumpstart program guidelines.</i>	
Signature	
Date	
CONFIDENTIALITY	
All information received is kept confidential.	
CANADIAN TIRE STORE LOCATION	
Is there a Store in your area?	___ Yes ___ No
If no, please indicate the nearest store.	
Office Use Only	
Received	
Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Amount	
Cheque #	
Cheque Date	