



Application Form

4-18 years

Please complete application form and return to City of Campbell River Parks, Recreation & Culture - **Community Centre** with a copy of the activity registration form or program advertisement, and endorsement letter. Please allow 2 weeks for processing your request prior to the activity registration deadline. Funding is limited and requests are processed on a first come first serve basis.

SECTION 1: APPLICATION INFORMATION

Child's Name: _____

Birth Date (dd/mm/yy): _____ / _____ / _____ Age: _____ Gender: M or F _____

Parent/Guardian's Name: _____

Address: _____

City: _____ Province: BC Postal Code: _____

Telephone: day (_____) _____ evening (_____) _____

Email: (Parent/Guardian) _____

SECTION 2: REQUEST FOR FUNDING

Deadline for Registration Date: _____

I would like to request funding for:

Sport or Activity _____

Other – Please provide details: _____

Registration Fees/Other

Fall /Winter \$ _____ Spring/Summer \$ _____ TOTAL \$ _____

Can you afford to pay any portion of the total cost? Y/N _____ - \$ _____

Are you receiving any other source of funding for this activity? Y/N _____ - \$ _____

Total request from the Canadian Tire Jumpstart program. \$ _____

Name of Organization or Business offering activity: _____

Contact: _____ Tel: (_____) _____

Address: _____

City: _____ Province: BC Postal Code: _____

Please indicate sport or recreation activity **start date:** _____

Please indicate length of sport or recreation activity **end date** _____

SECTION 3: ENDORSEMENT

Community Leader/Professional

Please attach a letter from a Community Leader indicating relationship to applicant and a verification of the applicant's economic barrier to participate in the requested activity or program. The Community Leader should be in a position to identify and assess the economic barriers of the applicant.

Organization/Business: _____ Position: _____

Address: _____ City: _____ BC

PC: _____ Tel: (_____) _____ Email: _____

FOR OFFICE USE ONLY

Application Received (dd/mm/yy) _____ / _____ / _____ Application Complete: (Y/N) _____

Accepted: (Y/N) _____ First Time Funding: (Y/N) _____ Amount \$ _____

Allocation Period: (dd/mm/yy) _____ / _____ / _____

Cheque# _____ Cheque Date (dd/mm/yy): _____ / _____ / _____

Canadian Tire JumpStart and its members will respect the confidentiality of all applicants

City of Campbell River Parks, Recreation & Culture Department
Community Centre 401-11th Ave., Campbell River, BC V9W 4G2 Telephone: 250-286-1161 Fax: 250-830-0164



Endorsement Letter

*Suggested Community Leaders/Professionals:
Social workers, financial assistance worker, doctor, dentist, counsellor, bank
official, legal aid worker, church pastor, City of Campbell River Mayor or Councillor*

Date: _____

City of Campbell River
Parks, Recreation and Culture Department
401-11th Avenue
Campbell River, BC V9W 4G2
Telephone: 250-286-1161 Fax: 250-830-0164

TO WHOM IT MAY CONCERN:

Re: _____
Name of Family (Parent/Guardian)

I can verify that this family has economic barriers which are preventing

_____ from participating in
Child's Name

_____ without the funding
Name of Program

offered through the Canadian Tire Jumpstart program.

Sincerely,

Print Name of Community Leader/Professional

Position

Signature

Telephone Number

Please be sure to fill out Section 3 on the Jumpstart Application form.

Note: Applications can not be submitted until all requirements of the application are met including this letter of endorsement.