

Jumpstart™ Program Application



PART 3: PARTICIPANT(S) (continued)

2. Name		Gender	Age	Date of Birth (dd/mm/yy)
Recreation Activity				
Registration Cost		Cost of Equipment Needed		
Start Date		Recreation Activity Telephone Number		

3. Name		Gender	Age	Date of Birth (dd/mm/yy)
Recreation Activity				
Registration Cost		Cost of Equipment Needed		
Start Date		Recreation Activity Telephone Number		

4. Name		Gender	Age	Date of Birth (dd/mm/yy)
Recreation Activity				
Registration Cost		Cost of Equipment Needed		
Start Date		Recreation Activity Telephone Number		

PART 4: STATEMENT OF INFORMATION ACCURACY

I certify that the information provided on this application for Jumpstart™ is accurate and true. I consent to the verification of this information. I understand that it is an offence to give false information on this application.

Applicant's Signature _____ **Date** _____

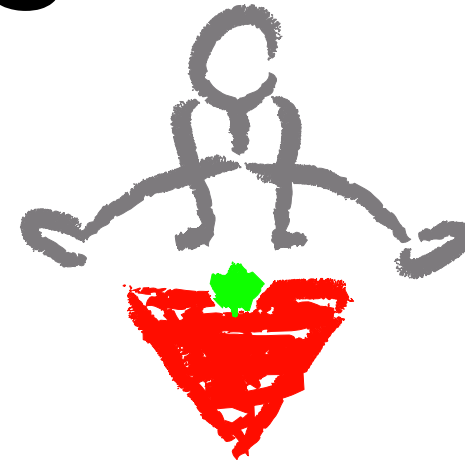
Spouse/Common Law Signature _____ **Date** _____

All information provided is kept in the strictest confidence. Jumpstart™ PEI Chapter agrees that any information provided by the applicant shall be retained by Jumpstart™ PEI Chapter and shall not be released to any other party without the expressed written consent of the applicant (other than the recreational activity organization for which funding has been requested).

Application Produced January, 2013

2013

A Program of



Jumpstart™ Bon départ™

PEI Chapter

We believe all kids should
have the chance to run,
skate, play, and grow.

**Complete the application
form and mail it to:**

Jumpstart-PEI Chapter
40 Enman Crescent
Charlottetown, PE C1E1E6
tel: (902) 892-6445
fax: (902) 368-4548



**The way we see it, the answer to
“Can I play”
should always be YES!**

Canadian Tire Jumpstart™ is a charitable program created by the Canadian Tire Jumpstart Charities, to help kids in need participate in recreation activities. The P.E.I. Local Chapter is made up of community leaders from KidSport™ P.E.I., Recreation PEI, and Canadian Tire Associate Dealers. Funding is available for recreation activities such as: community recreation department programs, dance, some gym and walking track memberships, Girl Guides, Scouts, package of passes to go swimming, bowling, fitness classes, etc.

Guidelines for Funding

Eligibility for funding is based on financial need

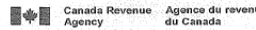
- Ages 4-18
- Up to \$300 per child
- It is meant to fund physical activity that is held over a season
- Available to members of the same family in the same season
- Funding will be used for registration fees and equipment

Approval

Approval is conditional based on the following criteria:

- Families who are in receipt of financial assistance as indicated, in writing, by a representative of Child and Family Services, Government of Prince Edward Island.
- Families who are identified as having a specified level of **net** annual family income (outlined in the following chart). Submission of the family's **GST Tax Credit or Canada Child Tax Benefit** statement is required, which outlines the following: net income, marital status and RRSP contribution for the most recent tax year.

Number of Children	Net Annual Family Income
1	Less than \$33,000
2	Less than \$35,000
3	Less than \$37,000
4	Less than \$39,000
More Than 4	Add \$2000 for each additional child (for example: 6 children = \$43,000)



SUMMERSIDE PE C1N 5Z7

Canada Revenue Agency / Agence du revenu du Canada

GOODS AND SERVICES TAX / HARMONIZED SALES TAX (GST/HST) CREDIT NOTICE

0044851 Page 1 of 2

Date	Sep 03, 2010	Social Insurance Number	000 000 000
Base year	2009	Tax Credit	Summerside PE
Payment Period	July 2010 to June 2011	C1N 5Z7	1-800-959-1953

Jane Doe
40 Enman Crescent
CHARLOTTETOWN PE C1E 1B6

This notice represents the information processed as of 2010-08-24. You should keep it for your records.

GST/HST credit \$256.00
Amount direct deposited \$256.00

Information used to calculate
Let us know if any of the following information has changed or is inaccurate.

2009 family net income: \$1.00
Marital status: single
Province or territory of residence: P.E.I.

Qualified children:
Glen - March 2002
Mike - February 2006
Bruce - December 2007
Stephen J - January 2009

Quarterly credit
GST/HSTC

Basic credit	\$62.50
Credit for an eligible dependant	+ \$62.50
Credit for qualified children	+ \$98.25
Additional credit	+ \$32.75
Total	\$256.00

372 E (10)

Linda Lizotte-MacPherson
Commissioner of Revenue



Extenuating Circumstances

Families who do not meet either of the criteria listed above **may** be considered for assistance because of extenuating circumstances.

In order to be considered, in addition to your family's **GST Tax Credit or Child Tax Benefit Statement**, you must provide (in writing) any information that you feel should be taken into consideration when reviewing the application.

At least one reference (a non-family member) must be provided who can verify the information when contacted. Please include their name, address, phone number and relationship to your family.

Jumpstart™ Program Application



PART 1: HOUSEHOLD INFORMATION

Parent/Guardian's Name (First Name, Surname)		
Mailing Address	City	Postal Code
Telephone Number (Home)	Telephone Number (Work)	
Relationship to child(ren) (i.e. Parent/Sponsor/Guardian/other):		
Please Check one: Single Parent <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> # of Children under 18 <input type="text"/>		
If Married or Common-Law, please include both partner's income when indicating total household annual income.		

PART 2: FINANCIAL INFORMATION

You must attach you most recent **GST Credit or Canada Child Tax Benefit statement** or a **letter from a representative of Child and Family Services** indicating you are in receipt of financial assistance from the Province of PEI.

Please provide complete “Net Income” information for all household members required to complete tax returns. Applicants and/or spouses who were self employed during the previous year are required to calculate their net income by averaging the last three years of net income amounts (or fewer years if in business for less than three years).

Total Family Net Income: _____	Did you receive a grant in 2012: Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> GST or Child Tax Credit	<input type="checkbox"/> Letter from Child and Family Services
<input type="checkbox"/> Letter for Review (if necessary)	

Deadline for Jumpstart applications

Please submit your name(s) as early as possible. Funding is awarded on a first come first serve basis.

Note: many activities require transportation and on-site parental supervision. Age restrictions apply to many facilities and programs.

PART 3: PARTICIPANT(S)

1. Name	Gender	Age	Date of Birth (dd/mm/yy)
Recreation Activity			
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Start Date	Recreation Activity Telephone Number		