

On behalf of Miramichi Boys & Girls Club & Jumpstart, we would like to thank you for your interest in our Jumpstart Program.

Miramichi Boys & Girls Club / Jumpstart program has two main funding allocation periods – one for the Spring/Summer season (deadline is May 30/14) and one for the Fall/Winter season (deadline is September 30/14).

The application form is used to identify children in financial need looking to participate in a specific sport or recreational activities. Our goal is to help those children that would not have otherwise been able to participate in a physical activity without the assistance of Jumpstart.

Listed below are the general funding guidelines:

• Open to children aged 4 to 18 years old

• Household income under $30,000

**Two options** to verify household income: choose one

* Attach proof of household income with the applicationOR
* Attach the Endorsement note in lieu of proof of income

• Multiple children within the same family can apply

• Children can apply for successive seasons in an activity

• Funding is for individual children, not groups or teams

• Funding must be a program that lasts a season

• Funding is paid only to the organization

•$300: a child may receive up to $300 per year from Jumpstart

Please send completed application form to:

Jumpstart Committee

Boys & Girls Club

115 Maher St. Miramichi, NB E1N 4B4

Email to: [yvillage@nbnet.nb.ca](mailto:yvillage@nbnet.nb.ca)Or fax to 778-1855

**JumpStart Application Form**



**Parent / Guardian Information**

Parents or legal guardians must submit separate applications for each child.

Name of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Daytime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in household: \_\_\_\_\_ Check one: ( ) One parent household ( ) Two parent household

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child / Youth Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (Male \_\_ Female \_\_) Date of Birth (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child received previous JumpStart funding: Yes \_\_\_\_ No \_\_\_\_

**Sport / Organization Information**

Name of Sport/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of League/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Request**

Total cost of program: $\_\_\_\_\_\_\_\_\_\_\_ Registration Request: $\_\_\_\_\_\_\_\_\_\_\_

Equipment Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Confirmation of Eligibility: **please pick one of two options**

☐Proof of household income attached with this application

☐Endorsement note that is attached; no proof of household income required

**For Office Use Only:**

Application received (d/m/y): \_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_\_ First Time Funding? Y /N \_\_\_\_

Funding Amount: $\_\_\_\_\_\_\_ Cheque Date (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Cheque #: \_\_\_\_\_\_\_\_\_