

# Application Checklist

You **MUST** include **ALL** of the following documents with your application:

## **FOR PART-TIME STUDIES:**

- Completed Application for Education Grant form
- Completed Application for Travel Grant form (if eligible, see program guidelines)
- A letter from your employer confirming the length of your employment in a licensed child care agency. The letter must specify your start date and if you work for a multi-site agency, the site from which you primarily work.
  - This letter must be dated within 10 weeks of the start of your classes. Please note, if you submit your application more than 10 weeks prior to the start of classes, you will be required to submit an updated letter of employment before your application is processed.
- Proof of your enrolment in approved ECE course(s) which must include your course name(s), start and end date(s) and costs for each course(s), this could be
  - A confirmation of enrolment document **OR**
  - A letter from the college's Financial Services Office, Registrar's Office or from your Program Coordinator
- A copy of your Tuition Receipt identifying that the course(s) have been paid in full
  - If you are taking three (3) or more courses and cannot afford to pay up front, you must submit your complete application package at least 4 weeks prior to the start of classes. If received after this date, you will be required to pay your tuition up front and submit your receipts for reimbursement.

## **FOR FULL-TIME STUDIES:**

- Completed Application for Education Grant form
- Completed Application for Travel Grant form (if eligible, see program guidelines)
- A letter from your employer confirming the length of your employment in a licensed child care agency. The letter must specify your start date and if you work for a multi-site agency, the site from which you primarily work.
  - This letter must be dated within 10 weeks of the start of your classes. Please note, if you submit your application more than 10 weeks prior to the start of classes, you will be required to submit an updated letter of employment before your application is processed.
- Proof of your enrolment into an approved academic program, this could be:
  - A copy of your Letter of Acceptance into the program **OR**
  - A letter from the College that confirms your enrolment in the full-time program
- Proof of tuition payment, this could be:
  - A copy of your Tuition Receipt for the academic year **OR**
  - If you cannot afford to pay up front, you must submit your complete application package including a copy of the tuition payment schedule for the academic year at least 4 weeks prior to your College's payment deadline. If received after this date, you will be required to pay your tuition up front and submit your receipts for reimbursement.

**Please Note:** If you are receiving funding from a third party, you are required to submit a letter from the third party outlining the amount you are receiving and if the funds are for tuition, books or other expenses.

**EARLY  
CHILDHOOD  
EDUCATORS  
QUALIFICATIONS  
UPGRADE  
PROGRAM**

**Application for Education Grant**

Please return signed copies to:  
Grant Assistance Program  
680 Kirkwood Dr.  
Sudbury ON P3E 1X3

Tel: (705) 675-9193 ext. 8446  
Fax: (705) 670-3152  
Toll Free: 1-866-989-9299  
Email: [info@ecegrants.on.ca](mailto:info@ecegrants.on.ca)

Personal Information				
Surname		Given name		Date of Birth (mm/dd/yy)
				Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> I am legally entitled to live and work in Canada		Home Telephone Number		Email
Apt	Address	City/Town	Province	Postal Code

Employment Information				
Employer		Position Held		Position Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
What type of child care program are you working in? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal				Do you work with special needs children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education Information	
Name of Educational Institution	Name of Program
Program Delivery Method <input type="checkbox"/> In Class <input type="checkbox"/> Online <input type="checkbox"/> Distance Education <input type="checkbox"/> Other _____	
Campus Location (if applicable)	Current Session (e.g. Fall 2008)
	Estimated Graduation Date (e.g. June 2010)
Enrolment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Tuition
	Value of Other Grants/Awards

**Notice with Respect to the Collection of Personal Information** (Freedom of Information and Protection of Privacy Act)  
The information is collected under the legal authority of the Child and Family Services Act, R.S.O. 1990, c. C.11, for the purpose of assessing, verifying and monitoring eligibility for payment of a grant. For further information contact Lorraine Potvin, MCSS/MCYS FIPPA Representative at 199 Larch St, Suite 601, Sudbury ON P3E 5P9, (705) 564-8153.

**Consent**

I consent to the collection of my personal information contained hereon for the purpose of assessing, verifying and monitoring eligibility for payment of a grant, and to the disclosure of my personal information, contained in this application or in any files pertaining to this program held by the administrator of the Grant, to the Ministry of Children and Youth Services for the purpose of evaluating the Grant and agree to cooperate fully with the Ministry or its agents in any evaluation of the Grant. Furthermore, I consent to the disclosure of information contained in this application to any person or institution, including child care centres and post-secondary educational institutions, for the purpose of verifying the information contained in this application, and to the provision by any person or institution, including child care centres and post-secondary educational institutions, of any document or information to the administrator of the Program for the purpose of verifying information contained in this application or assessing and monitoring eligibility for a grant or compliance with the associated funding agreement.

**Please Note:** *The program administrator retains the right to accept or refuse the application of any applicant under this program.*

I, \_\_\_\_\_, undersigned do hereby apply to the program administrator for an Education Grant to cover tuition fees related to the completion of an approved academic program.

Signature of Applicant	Date
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