

**EARLY
CHILDHOOD
EDUCATORS
QUALIFICATIONS
UPGRADE
PROGRAM**

Application for Travel 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

Surname	Given name	Date of Birth (mm/dd/yy)
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I am traveling more than 20 km one-way to attend classes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I am traveling more than 20 km one-way to attend my placement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Class Information

Estimated Total Number Days of Travel for Academic Year

Distance Traveled One-Way to Attend Classes (km)

Placement Information *If this information is not available, a separate application may be submitted at a later date (see FAQs)*

Placement Agency

Placement Agency Address	Term of Placement (mm/dd/yy)	
	From:	To:

Estimated Total Number Days of Travel for Academic Year

Distance Traveled One-Way to Attend Placement (km)

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 the Grant 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 a Travel Grant to assist with travel expenses related to the completion of an approved academic program.

Signature of Applicant	Date
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