

Application for Leadership Grant

Application Checklist

Application Information

It is the applicant's responsibility to include all documents included on this checklist. The Grant Assistance Program is not responsible for any lost documents. **All supporting documents submitted must include the applicants first and last name.**

The application is not considered complete until all required documents are received by the Grant Assistance Program Office. Once all required documents are received, the application will be placed in sequence, and may take up to 4 weeks to process.

Application Checklist

If applying, you must provide the following documents:

- Completed *Application for the Leadership Grant*.
 - This must include an outline of your targeted objectives and course enrollment plan
- Completed *Application for Travel Grant* form (for eligible applicants only. Please see www.ecegrants.on.ca for more information.)
- Proof of enrolment with the College of Early Childhood Educators
- Letter from employer confirming length of employment, position, employment start date, supervisory/leadership responsibilities, and primary site of employment (if working with a multi-site agency).
- Evidence of enrolment in approved Leadership Grant courses, which must include course name(s), start and end dates, and cost for each course.
- A copy of the tuition receipt identifying that the course(s) have been paid in full - if the applicant has already paid for their courses.
- If applying for direct sponsorship, you must provide a letter from the College stating which courses the applicant intends to enroll in, course code(s) and the cost of each course, or An Intent of Enrolment Document (see last page of application).

Application for Leadership Grant

Applicant Information

Last Name _____ First Name _____ Date of Birth mm/dd/yy

Sex: M F Prefer not to say Telephone Number _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

I identify as First Nation, Metis or Inuit

I identify as Francophone individual

I have an ECE Diploma Yes or No

ECE Graduation Date mm/dd/yy College of ECE Registration Number _____

Employment Information

Employer _____ Employment Start Date mm/dd/yy

Position _____

Education Information

College _____ Program _____

Campus Location _____

Which session/semester are you applying for? _____

Name of Course(s)

- | | | |
|----------|-----------------------------------|---------------------------------|
| 1. _____ | In-Class <input type="checkbox"/> | Online <input type="checkbox"/> |
| 2. _____ | In-Class <input type="checkbox"/> | Online <input type="checkbox"/> |
| 3. _____ | In-Class <input type="checkbox"/> | Online <input type="checkbox"/> |
| 4. _____ | In-Class <input type="checkbox"/> | Online <input type="checkbox"/> |
| 5. _____ | In-Class <input type="checkbox"/> | Online <input type="checkbox"/> |

I have already paid tuition. Amount paid (total for semester): \$ _____

I would like to be directly sponsored I am receiving other grants/awards

Name of other grants received: _____ Value of other grants _____

Leadership Career Objectives and Field(s) of Interest

The following questions must be answered and are an important part of the application.

Please describe the supervisory/leadership responsibilities you currently have within your agency.

Please provide a brief description of your leadership/supervisory career goals in the field of early childhood education.

In which eligible categories would you like to pursue additional studies?

- Pedagogical Leadership in Early Childhood Education
- Early Childhood Education Administration and Management
- Facilities Management
- Fiscal Responsibility and Governance
- Human Resources, Employment Standards and Labour Relations

Please elaborate why the above category is of interest to you.

Is there any additional information you would like to provide?

Notice to Applicant

Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act)

The information in this form 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.

Consent

I consent to the collection of my personal information contained herein 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 Ontario Ministry of Education 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 my place of employment 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 my place of employment 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.

Applicant Signature

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

Signature of Applicant _____

Date _____

Please return signed copies of this form and all supporting documents by either mail, email or fax.

Email Address:
info@ecegrants.on.ca

Fax Number:
705-670-3152

Intent of Enrolment Document

This document must be filled out by your college enrolment office

Applicant Information

Student Name: _____

Student Number _____

Program Name: _____

Semester the Student is enrolled in or is planning on enrolling into _____

Semester start date _____ End date _____

Course Information

Please indicate the course information for all courses the Student is enrolled into or is planning on enrolling into. We will use this information to provide the college with a sponsorship letter.

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

Course Name _____ Code _____ Cost _____

College Signature

Registrar staff signature: _____

College Stamp

