

Application for Travel Grant

Travel Overview

Surname _____ Given Name _____

Date of Birth: _____

I am travelling more than 20 km one-way to attend classes. Yes No

I am travelling more than 20 km one-way to attend my placement. Yes No

Note: If, for any reason, a travel grant recipient is unable to travel for one or more of their in-class sessions, the recipient will be required to reimburse the grant program for the days not travelled. Reasons include, but are not limited to, inclement weather, illness, and/or family circumstances.

IF TRAVELLING TO ATTEND CLASSES

College Information *[Fill out this section if you are travelling to attend classes]*

College Name _____

College Address _____

Semester Dates: From: _____ To: _____

I am travelling by: Car Bus Train Air

Note: The most economical mode of travel must be taken.

Travel for Classes by Car *[Fill out this section if car travel is indicated above]*

Estimated Total Number Days of Travel for Academic Year _____

Distance Travelled One-Way to Attend Classes (km) _____

Distance Travelled is in: Northern Ontario Southern Ontario

Travel for Classes by Bus or Train *[Fill out this section if either bus or train travel is indicated above]*

Estimated Total Number of Days of Travel for Academic Year _____

Estimated Cost of Fare for Travel to Attend Classes _____

Note: Travel by bus or train must be booked under the most economical rate available.

Travel for Classes by Air *[Fill out this section if air travel is indicated above]*

Note: Only individuals who are required to fly in order to attend courses or placements are eligible for air travel. Airfare must be booked at the most economical rate available.

Estimated Total Number of Days of Travel for Academic Year _____

Estimated Cost of Fare for Travel to Attend Classes _____

IF TRAVELLING TO ATTEND PLACEMENT

Placement Information *[Fill out this section if you are travelling to attend placement]*

If placement information is not yet available, a separate application may be submitted at a later date. Please see FAQs at <http://www.ecegrants.on.ca> for more information.

Placement Name _____

Placement Address _____

Term of Placement: From: _____ To: _____

I am travelling by: Car Bus Train Air

Note: The most economical mode of travel must be taken.

Travel for Placement by Car *[Fill out this section if car travel is indicated above]*

Estimated Total Number Days of Travel for Academic Year _____

Distance Travelled One-Way to Attend Placement (km) _____

Distance Travelled is in: Northern Ontario Southern Ontario

Travel for Placement by Bus or Train *[Fill out this section if either bus or train travel is indicated above]*

Estimated Total Number of Days of Travel for Academic Year _____

Estimated Cost of Fare for Travel to Attend Placement _____

Note: Travel by bus or train must be booked under the most economical rate available.

Travel for Placement by Air *[Fill out this section if air travel is indicated above]*

Note: Only individuals who are required to fly in order to attend courses or placements are eligible for air travel. Airfare must be booked at the most economical rate available.

Estimated Total Number of Days of Travel for Academic Year _____

Estimated Cost of Fare for Travel to Attend Placement _____

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

By signing this agreement, 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 early years and child care programs 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 early years and child care programs 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 a Travel Grant to assist with travel expenses related to the completion of an approved academic program.

Signature of Applicant _____

Date _____

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

Mailing Address:

Grant Assistance Program,
680 Kirkwood Drive
Sudbury, ON, P3E 1X3

Email Address:

info@ecegrants.on.ca

Fax Number:

705-670-3152