

Application Checklist for Education Grant

All documents must include your first and last name, be sent as an attachment in PDF or JPG format.

Application Information

- A completed education grant form that is signed and dated.

Letter of Employment

All letters must be signed, dated and written on company letterhead.

- Full-time Students:** A letter from your employer indicating your date of hire, site location, position and average number of hours you will to work per week while attending school. If you are on a leave of absence the letter must indicate your last day worked and your expected date of return.
- Part-Time Students:** A letter from your employer indicating your date of hire, site location and position.
- If you are no longer employed:** A copy of your Record of Employment (ROE).

Your letter of employment must indicate whether you are working under:

- Director Approval:** (also known as "Otherwise Approved") You have permission from the Ministry of Education to work in a licensed Registered ECE position without designation.
- Letter of Permission:** You have permission from the Ministry of Education to work in a Registered ECE position without designation in a publicly funded school setting.

A copy of letter of Director Approval or Letter of Permission must be submitted at the time of application.

Confirmation of Enrolment

- A document from the college that confirms your enrolment (full-time/ part-time) in an ECE Diploma Program **or** confirming your enrolment in the General Education Component of an ECE Apprenticeship Program.

AND

- Full-time:** A document from the college confirming your tuition fees and timetable.
- Part-time:** A document from the college with your course information (course code(s), course name(s) and cost of each course.

Tuition Receipts

- A copy of your receipt for tuition fees/deposit that states your method of payment.
- If applying for sponsorship you must provide a letter from your college stating which courses you intend to enrol in, course code(s) and the cost; or an Intent of Enrolment Document (see page 4).
 - If you are not required to pay a deposit to the College, you must provide a document from the College stating this information.

If receiving **OSAP grants**, please provide your OSAP Funding Summary. Any third party grants received must be disclosed.

First Aid Training

First Aid training completed in your funded semester may be reimbursed when you submit:

- Course information.
- Proof of payment.
- Certificate of completion once available.

Application for Education Grant

Applicant Information

Last Name: _____ First Name: _____

Date of Birth: mm/dd/yy _____

Unit: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Sex: _____ I Identify as: _____

Employment Information

Employer: _____ Date of Hire: mm/dd/yy _____

I am currently working under: _____

Position Status: _____ Average Hours Worked per Week: _____

Education Information

College Name: _____ Campus Location: _____

Program Name: _____

Semester: _____ Enrollment Status: _____

I have already paid tuition/ deposit: _____ Amount: _____

I would like to be sponsored (fees are paid directly to the college): _____ Amount: _____

I am receiving an OSAP Grant: _____

If YES, we require a copy of your **OSAP Funding Summary** document detailing the breakdown of funds received.

I am receiving other grants/awards: _____ Value: _____

First Aid Training

I will be completing First Aid Training: _____ Estimated cost: _____



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 contain 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 an approved academic program.

Signature of Applicant:

Date: mm/dd/yy

Please return signed copies of this form and all supporting documents:

Fax: 705-670-3152
info@ecegrants.on.ca

Toll free: 1-866-989-9299
ecegrants.on.ca

Intent of Enrolment Document

This document must be filled out by the Registrar's office

Student's Information

Student Name:

Student Number:

Semester:

Semester: Start Date: mm/dd/yy

End Date: mm/dd/yy

Enrolment Status:

Course Information

Please indicate all the courses the Student intends to enroll 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

College Signature

Registrar Staff Signature:

College Stamp: