

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

### **Application Information**

- A completed Leadership Grant Form that is signed and dated.
- Proof of enrolment with the College of Early Childhood Educators.

### **Letter of Employment**

- A letter from your employer confirming length of employment, position, date of hire, supervisory/leadership responsibilities, and primary site of employment (if working with a multi-site agency).

### **Confirmation of Enrolment**

- Evidence of enrolment in approved Leadership Grant courses, which must include course name(s), start and end dates, and cost for each course.

### **Tuition Receipts**

- If you have already paid for courses, you must provide a copy of the tuition receipt identifying the course(s) have been paid in full.
- If applying for direct sponsorship, you must provide a letter from the College stating which courses you intend to enrol in, course code(s) and the cost of each course, or an Intent of Enrolment Document (see page 4).

## Application for Leadership 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: \_\_\_\_\_

I have an ECE Diploma:

ECE Graduation Date: *mm/dd/yy* College of ECE Registration Number: \_\_\_\_\_

### Employment Information

Employer: \_\_\_\_\_ Date of Hire: *mm/dd/yy*

Position: \_\_\_\_\_

### Education Information

College Name: \_\_\_\_\_ Campus Location: \_\_\_\_\_

Program Name: \_\_\_\_\_

Semester: \_\_\_\_\_ Program Delivery: \_\_\_\_\_

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: \_\_\_\_\_

## 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:

