

Applicant Information

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

Unit: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Travel Overview

I am travelling more than 20 km one-way to attend classes:

I am travelling more than 20 km one-way to attend my placement:

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.

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

Travel to Attend Class [Only complete this section if you are travelling to attend classes]

College: _____ Mode of Transportation: _____

College Address: _____

Semester Dates: From: mm/dd/yy _____ To: mm/dd/yy _____

Travel to Attend Class by Car [Only complete this section if car travel is indicated above]

Estimated Total Number Days of Travel for the semester: _____

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

Travel for Placement [Only complete 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 [Questions and Answers](#) for more information.

Name of Placement Location: _____

Placement Address: _____ Mode of Transportation: _____

Date of Placement: From: mm/dd/yy _____ To: mm/dd/yy _____

Estimated Total Number Days of Travel for the semester: _____

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

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 a Travel Grant to assist with travel expenses 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