

**All documents must include your first and last name and 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**

Have you received funding from us in **the past?**

**Yes:** Do not submit a new letter of employment **unless** your status of employment has changed.

**No:** You must submit a letter of employment that includes the outlined information:

**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 and average number of hours per week you will be working 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 and site location.

**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 your letter of Director Approval or Letter of Permission must be submitted at the time of application.**

**Unlicensed Childcare Providers must provide the following:**

**Evidence of Operation:** Evidence of operating a registered business, including the name of the business, HST and/or business number.

**Reference letters:** Reference letters from parents and/or suppliers, demonstrating you have worked with children for at least six (6) months.

**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 (page 5).
  - If you are not required to pay a deposit to the College, you must provide a document from the College stating this information.
- I am 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.

**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:

Program Delivery:

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:

