

## Checklist for Reimbursement of Registration with the College of ECE

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

### Application Information

- ☐ A completed application of reimbursement of registration with the College of ECE that is signed and dated.

### ECE Grant Program Recipient

- ☐ I have received previous ECE grants while completing my ECE Diploma.

### Confirmation of Graduation from the ECE Program

- ☐ Proof of program completion of an accredited ECE program as of 2021 (final transcripts).

### Confirmation of Payment

- ☐ Proof of payment from the College of ECE for the first time registration fee of \$245.00.

## Application for reimbursement of registration with the College of ECE

### Applicant Information

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

Unit: Address: City:

Province: Postal Code: Email:

Phone Number: Work Number:

### Graduation Overview

I have paid my College of ECE first time registration fee:

I have graduated from my ECE program as of 2021: I have received ECE Grants in the past:

### 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 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 my place of employment and post-secondary educational institutions, for the purpose of verifying the information contained in this application, and to the disclosure 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 reimbursement of the first registration with the College of ECE.

#### 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