



**APPLICATION FOR BURSARY (Page 1 of 2)
2019/2020**

SECTION 1: APPLICANT INFORMATION (to be completed by the applicant)			
I. APPLICANT			
Applicant Name:		Address:	
		Street	City/Town Postal Code
Student Number:			
Email:		Telephone	
		Home:	Cell:
Community Representative:	African Nova Scotian <input type="checkbox"/> Indigenous <input type="checkbox"/> Acadian/Francophone <input type="checkbox"/> Newcomer/Immigrant <input type="checkbox"/> (less than 3 years in Canada)		
Do you receive additional financial support or bursaries for your training?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
II. EARLY CHILDHOOD EDUCATION TRAINING INSTITUTION INFORMATION			
Training Institution:			
2019/2020 start and end date:	From (MM / DD /YYYY)	To (MM / DD /YYYY)	
III. CONSENT FOR RELEASE OF INFORMATION			
I give the Department of Education and Early Childhood Development consent to obtain information regarding my course enrollment and permission from the indicated Training Institution to provide that information.			Agree (✓) <input type="checkbox"/>
I, the undersigned, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. Signing below, I agree to comply with the Terms and Conditions of the Bursary Program Promoting Cultural Representation in Early Childhood Education.			
Applicant Signature	Print Name	Date	

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SECTION 2: TRAINING INSTITUTION ENROLLMENT CONFIRMATION			
(to be completed by the Training Institution)			
Name of Training Institution:			
Dates this applicant is enrolled in your program:	From (MM / DD/YYYY)	To (MM/DD/YYYY)	
Total Eligible Cost: \$	Tuition: \$	Books: \$	Fees: \$
Contact Person (person completing this section):			
Position/Title:		Phone Number (902):	
I, the undersigned, do hereby certify that the information provided is true and complete to the best of my knowledge and belief.			
Contact Signature	Print Name	Date	

Should you require further information, please contact Kristina Creamer at (902) 424-5460 or e-mail at Kristina.creamer@novascotia.ca

Please send the completed application to:

Bursary
 c/o Kristina Creamer, Coordinator, Family Home Day Care & Early Childhood Education
 Early Childhood Development Services
 Early Years Branch
 Department of Education and Early Childhood Development
 PO Box 578
 Halifax, NS B3J 2S9

SECTION 3: To be completed by the Department of Education and ECD ONLY		
Applicant Eligible:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coordinator, Early Childhood Education	Updated (in system) <input type="checkbox"/>	
Signature	Print Name	Date