

Application for Early Childhood Education (ECE)

On-Campus Field Placement Bursary

(formerly Summer Institute Bursary)

Family and Child Development Division

3rd Floor, West Block, Confederation Building

P. O. Box 8700, St. John's, NL A1B 4J6

Phone: 709-729-5960 Fax: 709-729-1400



Education and Early Childhood Development

A. Applicant Information:

Full Name: _____

Address: _____ (street or P.O.Box)

_____ (city/town), NL _____ (postal code)

Contact: _____ (phone) _____ (cell) _____ (fax)

_____ (email) _____ (SIN) ____/____/____ (DOB - M/D/Y)

B. College of the North Atlantic On-Campus Field Placement Information and Verification

(this section must be signed by ECE Faculty Supervisor):

This is to confirm that the above-named individual was enrolled in the Early Childhood Education Distance Program and successfully completed a required on-campus field placement:

Dates of Field Placement: ____/____/____ (m/d/y) to ____/____/____ (m/d/y)

ECE Faculty Supervisor: _____ Date: ____/____/____ (m/d/y)

C. Applicant Declaration - Read and sign:

By signing below I am indicating that:

- I have read the *On-Campus Field Placement Bursary* policies (FCD-BUR-003 - <http://www.ed.gov.nl.ca/edu/family/childcare/childcareresources.html>) and
- the information supplied in this application is true and complete to the best of my knowledge.

Signed: _____ Date: ____/____/____ (m/d/y)

NOTE: If this is a first-time application or if banking information has changed since the previous application, be sure to attach a void cheque or have the bank complete a direct deposit form instead.

PRIVACY NOTICE: The Department of Education and Early Childhood Development collects and uses personal information relating to Early Childhood Educators working in regulated child care services under the authority of the Access to Information and Privacy Act. This information may be collected and used for the provision of services and/or the operations of the Department. If you have any questions about the collection or use of this information, please contact the ATIPP Coordinator at 709-729-6281.

Office Use:

Eligible: Yes No—Reason: _____

Vendor # _____ Payment Request Sent: ____/____/____ (m/d/y) by _____ (Initials)

Guidelines for Completion: Please complete application legibly:

A. Applicant Information:

- Complete all areas – incomplete applications will be returned to you. NOTE: Social Insurance Number (SIN) and Date of Birth (DOB) are required for taxation purposes.

B. College of the North Atlantic On-Campus Field Placement Information:

- The Faculty Supervisor must sign and date this section indicating successful completion.

C. Applicant Declaration:

- This section must be read, signed and dated by the applicant in order for the application to proceed.

Office Use Only Section:

- Please do not write in this section.

Checklist – Before sending the application package:

- Make sure all applicable sections are completed fully (and legibly in ink if not completing electronically)
- Include a void cheque or direct deposit form from your bank if this is your first time receiving funding from the Department or if your banking information has changed since you last received funding
- Have the Faculty Supervisor from the College sign and date the section verifying successful completion of the field placement.
- Sign and date the application
- Send the application to:

ECE On-Campus Field Placement Bursary Program
Department of Education and Early Childhood Development
Family and Child Development Division

3rd Floor, West Block, Confederation Building
P. O. Box 8700
St. John's, NL, A1B 4J6

Phone: (709) 729-5960
Fax: (709) 729-1400
E-mail: ECEBursary@gov.nl.ca

This application form is posted at: <http://www.ed.gov.nl.ca/edu/family/childcare/childcareresources.html>.