

# Application for Interest to ECEBC Leadership Program



Name:	Date submitted:
Address: _____ _____	Phone:  Email:
ECEBC Member ( Yes___) (no ___) ***ECEBC members receive a discounted fee when registering for the program ☺	If no, would you be willing to join ECEBC in the near future?:  Yes: _____ No: _____
Student ___ Educator: _____ Other: _____	

Briefly, Explain Your reason and interest for wanting to participate in the program:

The ECEBC Terrace Branch is excited to offer this sponsorship to one individual, all applications will be reviewed and the person will be selected by a selection committee.

Feel free to contact Friday Bailey 250-253-4162 or Nancy Dumias 250.635.0800 or Email [pacesday@telus.net](mailto:pacesday@telus.net) to answer any questions.