

2018-2019

Personal Information:

This application is for ECE professionals who own or operate a childcare facility. Please read through the entire application before you start.

Last Name	
Legal First Name	
Address	
City	
Province	
Postal Code	
Phone Number	
Email	

If you identify as Indigenous (First Nations, Métis, Inuit), please click here: Yes as a

If you are fluent in French, please click here: Yes

Do you reside in a rural or remote area? If you do please indicate region:

What type of child care facility do you currently own/operate?

Group Child Care Multi- Age Child Care Preschool Family Child Care

In-Home Multi-Age Child Care Group Child Care (School Age) Registered License Not Required*

Upgrade Studies:

The Workforce Development Bursary awards funds for courses of the same value as the ECE Student Bursary. Please check what you will be studying.

Assistant Certificate to Basic Certificate:	Basic Certificate to IT & Special Needs Diploma:		
Basic Certificate Upgrade to: Infant/Toddler Certifica	te Special Needs Certificate		
Responsible Adult to:	Completion of Studies:		

Number of classes you are enrolled in for the semester:

Select the post-secondary institution you will be/ are attending:

Which campus will you attending?

Student ID#:

^{*}License-Not-Required programs that are not registered with a Child Care Resource and Referral (CCRR) program are not eligible for the ECE Workforce Development Bursary Fund, but may apply for assistance through the ECE Bursary Fund

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2018-2019

Workforce Development Supports:

Additional supports are available to ECE professionals, including operators of Registered Licensed-Not-Required facilities, to remove financial barriers with attending ECE educational programs. Subsidies granted in this section will be included in the overall award amount of up to \$5,000. To learn more about what qualifies for the supports click here. Indicate all costs for the duration of your studies.

Travel Subsidies:

I am requesting mileage subsidies					
Origin Address	Destination Address	Round trip mileage			
Anticipated number of trips	Total kilometers (Round trip mileage X Number of trips)				
I am requesting subsidies for additional transit costs in the amount of \$					
I am requesting subsidies for evening/ weekend childcare in the amount of \$					
I am requesting subsidies to assist with tutoring in the amount of \$					
I am requesting subsidies to assist with Professional Development & Conference Fees \$					
		(\$200 maximum)			

Attach back-up to demonstrate actual costs of accommodation, evening/weekend childcare, tutoring, professional development and conference entrance fees to qualify for subsidies.

Practicum Wage Subsidy:

Operators of Registered License-Not-Required facilities do not qualify for practicum wage subsidies.

About your Facility:

Name of Child Car	e Facility:						
Facility Address:							
Facility Phone#:			Facility Email	l:			
Number of ECE Certified Employees:		Number of non-ECE Certified Employees:					
Will the training result in additional spaces?			How	many spa	ces?		
Will the practicum result in unpaid leave of absence:				Length of	f Practicum	wks	
How many hours a week do you work?			Hour	ly rate:			



Attach documents to verify your income. This is required to verify your hourly wage.



2018-2019

Monthly Study Period Budget:

ECEBC is asking for a monthly snap shot of your income and expenses, please be sure to break down costs into **monthly** installments.

If your stated income is more than your expenses, please be sure you have included all monthly expenses and provide ECEBC with an explanation as to why you are seeking additional financial support.

For more details on how to complete the form click here to be directed to Budget FAQ's

MONTHLY INCOME	AMOUNT \$	MONTHLY EXPENSE	AMOUNT \$
Applicant employment income		Rent/ Mortgage	
Spouse/ partner income		<u>Utilities (heat, electricity, taxes)</u>	
Parental support to applicant		<u>Communications</u>	
Government income	<u>Groceries</u>		
First Nation or Métis support		<u>Entertainment</u>	
RESP income		Clothing	
Assets (savings, GIC, RRSP)		<u>Local transportation</u>	
Student Loan		Uninsured medical/ dental	
Other Bursaries/ Scholarships		Regular Childcare	
Other income not listed		Child school/ recreation fees	
		<u>Insurances</u>	
		Loans & Credit Cards	
		Gas and parking	
		Tuition (applicant)	
		School Fees (applicant)	
		Textbook (applicant)	
		Other expenses not listed	
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENSE	

ECEBC | early childhood educators of BC

2018-2019

Applicant Declaration and Consent

I authorize the Early Childhood Educators of BC (ECEBC) to release my application to the Selection Committee. The Selection Committee will be comprised of ECEBC staff, early childhood educator professionals, instructors and ECEBC board members.

I understand that all information provided to ECEBC on this application and accompanying documentation will be used solely for the purposes of determining my eligibility under the ECE Bursary Program and to assess my financial needs in relation to other applicants.

I further understand that failing to disclose sources of income, expenses or providing false documentation in support of my application will result in my application being denied and restitution of any funds received by ECEBC.

In addition, I understand that if I withdraw from a course(s), leave the program or fail a course, the 60% of the tuition paid will remain intact, however I may not qualify for the remaining funds.

I have read and fully understand the ECEBC ECE Bursary Policy and fully agree to abide by the terms and conditions of the policy.

Canadian Revenue Agency requires ECEBC to collect information to facilitate payment of the bursary and to generate a T4A.

SIN #:	Date of Birth (MM/DD/Year)			
Bank Name:				
Bank Address:				
Institution #		Transit #	Account #	
Click if you're a me Applicant Signatu Date:		Click if you would like updates about	ECEBC's programs and services	



Remember to attach a copy of your class schedule and proof of BC residency.

2018-2019



Appendix A- Workforce Development Supports

The Workforce Development Bursary Fund also provides funding for childcare professionals to remove additional barriers that make continuing with ECE education challenging. Please include these amounts in the Monthly Study Period Budget.

Subsidies granted in this section will be included in the overall award amount of up to \$5,000.

Consideration will be given to costs such as, but not limited to:

- Tutoring
- Transportation
- Evening/ weekend childcare

- Accommodation
- Conference entrance fees
- Professional development

Students living in rural and remote areas, who would not have reasonable access to ECE training or practicum fulfilment may apply for funds to help offset the additional costs of travel and out of town accommodation.

Includes transit passes for travel outside of your home community. For more information on BC's transit systems, zones and fares click here for Metro Vancouver for areas outside of Metro Vancouver click here.

You may also request mileage subsidies for travel between communities. ECEBC aligns with the 2018 <u>Canadian</u> <u>Revenue Agency (CRA) Automobile</u> allowance rates of \$0.55 per kilometer for travel from your residence to post-secondary institution or practicum.

Accommodation:

Students who need to travel to another community for training or to complete a practicum may face a hardship in balancing the cost of commuting and accommodation with the goal of completing studies.

Additional consideration will be given to students who require temporary accommodations to complete their studies.

Childcare

The Workforce Development Supports for childcare are for costs outside of the student's regular childcare requirements. The intent is to help cover childcare costs associated with attending evening classes and/or weekend program classes.

Conference and Professional Development

Individuals who may be at risk of losing their ECE certification due to barriers in accessing professional development may apply for funding. Approval will be assessed on a case by case basis.

2018-2019



Appendix B- Study Period Budget FAQ

Income:

Applicant employment income

Please provide the average **monthly** income earned by the **applicant** only. Examples of monthly income can come from part-time or full-time jobs or self-employed avenues such as child care and independent sales representatives (e.g. doTerra, Epicure, Tupperware).

Spouse/ partner income

Please don't enter the annual (yearly) amounts, ECEBC requires the monthly breakdown of income.

For example - If you spouse or partner makes \$40,000 a year or is paying yearly spousal support of \$40,000 please calculated the **monthly** amount received.

Take the total sponsorship amount of \$40,000, divide by 12 months: $40,000 \div 12 = $3,333.33$. The total monthly income would be \$3,333.33.

Parental support to applicant

Provide the amount your parents are contributing to your monthly living expenses while studying.

Government income

Provide the total amount you receive from the government, including employment insurance, social assistance, Canada pension plan, childcare subsidy, disability, Canada Child Tax Benefit and BC Family Bonus Program.

The Ministry of Children and Family Development have expanded family eligibility for childcare subsidies. Families that have a combined income up to \$111,000+ may qualify for funding. To learn more, click here.

First Nation or Métis support

If you know how much your monthly sponsorship will be, please enter the amount here. If you have been provided with a large payment for you to manage, please calculate your monthly allowance.

For Example- Your sponsorship is for \$10,000 and you expect to complete your studies within 10 months, please calculate the monthly allocation for you to use.

Take the total sponsorship amount is \$10,000, divide by the 10 months you'll be studying: $10,000 \div 10 = $1,000$. Your monthly income from the sponsorship would be **\$1,000**.

2018-2019



RESP income

If you have withdrawn a larger amount for you to manage, please calculate your monthly allowance.

For Example- Your RESP withdrawal is for \$5,000 and you expect to complete your studies within 10 months, please calculate the monthly allocation for you to use.

Take the total sponsorship amount is \$5,000, divide by the 10 months you'll be studying

Calculate $10,000 \div 10 = 208.33

Your monthly income from the RESP would be \$208.00

Assets (savings, GIC, RRSP)

This amount includes any savings, GIC's, RRSP's, stock or corporate pension plans that you are withdrawing from monthly. If you have withdrawn a large amount, please provide the monthly value that can be attributed to your study period.

Student Loan

Student loans may be provided as an annual amount. Please provide ECEBC with the **monthly breakdown** of the total amount borrowed.

For Example- Take the total amount borrowed, divide by the months you'll be studying to get the monthly amount.

Other Bursaries/ Scholarships

Calculate how much your **monthly** installment is from other bursary or scholarships, don't include how much you hope to receive from ECEBC. See the calculation used to determine the monthly allocation under the Student Loan for instructions on how to find the monthly amount.

Other income not listed

If you receive any other sources of income not currently listed, please detail the source and monthly amount received.

2018-2019



Expenses:

Rent/ Mortgage

Please enter the amount paid monthly. If you have a variable mortgage rate, please state the average amount you have paid over the previous 12-month period.

To calculate the average, collect the last 12 payments made and divide the total by 12 to determine the average monthly mortgage payment.

Utilities

These costs include your electricity, gas, municipal taxes, strata fees, laundry, waste services.

Communications

These costs include your cable, telephone (Landline and Cell) and internet access.

Groceries

Please provide the amount you pay for food and items regularly purchased at a grocery store, i.e. pet food, detergents and small household items.

Entertainment

Include how much is spent every month on eating out, coffee, movies, subscriptions (e.g. Nextflix, Spotify), memberships (e.g. gym, yoga & sport).

Clothing

Estimate how much is spent monthly on individual or family clothing needs.

Local Transportation

Provide how much it costs to use public transit for the whole family as an individual as applicable.

Uninsured Medical and Dental

Please indicate how much you pay out-of-pocket for medications and/or dental work. Estimate how much can be attributed to a monthly cost for dental. If you have a recurring prescription every few months, please calculate how much can be attributed to 1 month.

Example:

You or a family member must fulfil a prescription every 3 month at a cost of \$50, divide the cost by 3. Your monthly medication cost would be **\$16.67**

2018-2019



Childcare

Provide how much you spend on child care while studying and/or at work.

Child school/ recreation fees

A lot of time this will not be known, use your best judgement on how much you pay for your child's school activities, such as field trips, every year and divide that estimated amount by 10 (Sept-June) to calculate the monthly amount.

If your child participates in any paid activities, please **include those monthly fees** in this category.

Insurances

These include private health & dental, car, house, life, pet, renters' insurance plans.

Loans & Credit Cards

Do not provide the total amount owed, please only provide how much you pay every month. These costs include car payments, lines of credit, loans and monthly credit card bills or minimum payments.

Gas and parking

Please provide an average on how much is spent in gas and parking every month.

Tuition (applicant)

Please provide ECEBC with the **monthly breakdown** of the total amount to attend school for the semester.

For example:

Your semester is 4 months in length and your costs are \$1,432, please calculate the monthly allocation for you to use.

Courses cost \$1,432, divide by the 4 months of the semester $1,432 \div 4 = \$358.00$. Your monthly tuition expense would be \$358.00

School Fees (applicant)

This includes ancillary fees charged to students such as registration fees, student association fees, medical/ dental insurance fees (provided through the institution and are group insurance plans), printing and any other fees charged to students by the school or student association.

Textbooks

Divide the total cost of the books by the 4 months of the semester to determine your monthly expense.

Other expenses not listed

Includes savings, RRSP's, RESP contributions for children, investments, non-child membership fees.