



EARLY CHILDHOOD EDUCATION  
**BURSARY SPONSOR APPLICATION**

Organization information				
Sponsoring organization				
Mailing address		City	Province/territory	Postal code
Phone		Email		
Primary contact name			Position	
Email			Phone	
Provide the following information for each sponsored student.				
Student 1				
Full name		Current CCW level: _____ Working towards level: _____		
Currently employed in the child care field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		Has this student previously received a bursary under this program (individually or through a sponsor)? <input type="checkbox"/> Yes. Year: _____ <input type="checkbox"/> No		
School/course	Start date	End date	Type: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	Studying: <input type="checkbox"/> On site <input type="checkbox"/> Online
Student 2				
Full name		Current CCW level: _____ Working towards level: _____		
Currently employed in the child care field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		Has this student previously received a bursary under this program (individually or through a sponsor)? <input type="checkbox"/> Yes. Year: _____ <input type="checkbox"/> No		
School/course	Start date	End date	Type: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	Studying: <input type="checkbox"/> On site <input type="checkbox"/> Online

Personal information contained in this form is collected under the authority of Section 29(c) of the *Access to Information and Protection of Privacy Act*, and used for the purposes of determining eligibility for full and part-time early childhood education bursaries administered by Early Learning and Child Care, Department of Education. Questions on how this information is used, disclosed and collected should be directed to the Supervisor, Early Learning and Child Care, Department of Education, at 867-667-3492, or toll free at 1-800-661-0408 extension 3492, or in writing at E-23, Box 2703, Whitehorse, Yukon, Y1A 2C6.

Student 3				
Full name			Current CCW level: _____ Working towards level: _____	
Currently employed in the child care field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		Has this student previously received a bursary under this program (individually or through a sponsor)? <input type="checkbox"/> Yes. Year: _____ <input type="checkbox"/> No		
School/course	Start date	End date	Type: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	Studying: <input type="checkbox"/> On site <input type="checkbox"/> Online
Student 4				
Full name			Current CCW level: _____ Working towards level: _____	
Currently employed in the child care field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		Has this student previously received a bursary under this program (individually or through a sponsor)? <input type="checkbox"/> Yes. Year: _____ <input type="checkbox"/> No		
School/course	Start date	End date	Type: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	Studying: <input type="checkbox"/> On site <input type="checkbox"/> Online
Required supporting documentation for each student				
<input type="checkbox"/> Proof of Yukon residency. This can be in the form of a rental agreement, bills, pay stub or other documentation that contains the student's name and lists a Yukon address. <input type="checkbox"/> Proof of enrolment in an Early Childhood Education course (including course tuition). <input type="checkbox"/> Receipts for any additional course fees (including textbooks but excluding application fees) (optional).				
Signature of authorized representative				
I confirm that the statements on this application are true to the best of my knowledge. I also confirm that the sponsoring organization will not require any student on whose behalf a bursary is received under this program to pay for any costs covered by the bursary.				
_____ Signature		_____ Print name		_____ Date

### Application package submission

Send this completed application, along with all necessary supporting documents, to Early Learning and Child Care using one of the following methods:

**By mail:** Early Learning and Child Care  
Department of Education, Government of Yukon  
PO Box 2703 (E – 23)  
Whitehorse, YT Y1A 2C6

**By email:** [earlylearning@yukon.ca](mailto:earlylearning@yukon.ca)

**In-person:** 1000 Lewes Blvd, Whitehorse

For questions regarding this application, call the Early Learning and Child Care at 867-667-3492 or 1-800-661-0408 ext 3492.