

**Part 1A: All applicants must complete this section**

Last name		First name		Social insurance number	
Mailing address			City	Province/territory	Postal code
Phone			Email		
Level of education completed				Date of graduation	
Name of the institution you will be attending				Type of program <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
Name of the program/course(s) you will be taking				Course start date YYYY/MM/DD	Course end date YYYY/MM/DD
How will you be completing your studies? <input type="checkbox"/> Full-time onsite <input type="checkbox"/> Full-time online <input type="checkbox"/> Part-time onsite <input type="checkbox"/> Part-time online					
Are you currently employed within the child care field? If yes, where are you currently employed? _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously completed any early childhood education coursework?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously received a bursary under this program? If yes, year: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a Child Care Worker (CCW) level? If yes, what CCW level do you hold? _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
What CCW level are you working toward? _____					

**Part 1B: Applicants attending or planning to attend Yukon College ONLY**

Have you applied for Early Childhood Education funding from Yukon College? If no, why not? <input type="checkbox"/> I was not aware that I should apply for Yukon College funding first <input type="checkbox"/> I am not eligible because I haven't applied to the ECE program <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you receiving funding for coursework from Yukon College? If yes, how much funding are you receiving? \$ _____ per course / \$ _____ per term		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 2: To be completed by full-time bursary applicants ONLY**

Status of citizenship: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident					
<b>Reference 1</b> Provide the names of 2 individuals who will provide written references on your behalf.					
Last name		First name			
Mailing address			City	Province/territory	Postal code
Phone			Email		
<b>Reference 2</b> Provide the names of 2 individuals who will provide written references on your behalf.					
Last name		First name			
Mailing address			City	Province/territory	Postal code
Phone			Email		

**Part 3: All applicants must sign and date below**

I acknowledge that if courses are failed or withdrawn from I will be required to repay funding received.

Print name

Signature

Date

YYYY/MM/DD

**Part 4: Supporting documents**

The following supporting documents must accompany your application.

**Part-time bursary applicants**

- Proof of Yukon residency. This can be in the form of a rental agreement, bills, pay stub or other documentation that contains your name and lists a Yukon address.
- Proof of enrolment in an Early Childhood Education course(s) (including course tuition).
- Receipts for any additional course-related costs (including textbooks and technology fees but excluding application fees) (optional).

**Full-time bursary applicants**

- Proof of Canadian citizenship (birth certificate) or permanent resident status (permanent resident card)
- Proof of Yukon residency for the last 3 of 5 consecutive years or proof of receipt of a Yukon Grant from the Yukon Department of Education. If necessary, applicants can obtain a verification of residency from Yukon Insured Health Services to demonstrate they meet this residency requirement
- Current resume detailing personal, employment, education and volunteer information and information about your ties to your community
- Letter of acceptance into an early childhood education program at a recognized, accredited post-secondary institution in Canada
- Personal statement including information as outlined in the application guidelines
- Two completed reference documents must also be submitted by your references directly to the Child Care Services Unit before your application will be considered complete.

**Part 5: Application package submission**

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

**By mail:** Child Care Services Unit  
 Department of Health and Social Services, Government of Yukon  
 Box 2703 (H-12)  
 Whitehorse YT Y1A 2C6

**By fax:** 867-393-6250

**By email:** childcare@gov.yk.ca

**In-person drop-off:** 9010 Quartz Road, Whitehorse

If you have any questions regarding this application, please call the Child Care Services Unit at (867) 667-3492 or 1-800-661-0408 extension 3492