



Grant Assistance Program for
Autism Intervention Program Professionals

Application for Grant Assistance

Please return signed copies to:

Grant Assistance Program Administrator
680 Kirkwood Drive
Sudbury ON P3E 1X3

Tel: (705) 675-9193 ext. 8410

Fax: (705) 670-3152

Toll Free: 1-866-989-9299

Email: info@autismgrantprogram.on.ca

Personal Information			
Last Name	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)
<input type="checkbox"/> I am legally entitled to live and work in Canada	Home Telephone Number ()	Personal Email Address (optional)	
Name of Regional Provider	Position Held in Regional Provider	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (at least .5 FTE)	
Employment Start Date (mm/dd/yy)	Name of Supervisor	Title of Supervisor	
Position(s) Held Prior to Current Position in Regional Provider		Length of Time in Each Position	
Position(s)		Years	Months
Check One:		Estimated Tuition Expenses in Each Year *	
<input type="checkbox"/> I am enrolled in or accepted to a qualifying academic program.		\$ CDN	Year
<input type="checkbox"/> I completed a qualifying academic program within seven years of this application.			
Name of Qualifying Academic Program			
Name of Educational Institution			
Years to Complete Program	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Program Start Date (mm/dd/yy)			
Value of Other Grants and/or Awards			
Total			

* **Note:** If you completed a qualifying academic program within the last seven years, state the number of years you took to complete the program and the actual tuition expenses incurred in each year.

All written correspondence shall be care of the regional provider.

Effective March 30, 2007



Consent

I consent to the collection of my personal information contained hereon for the purpose of assessing, verifying and monitoring eligibility for payment of a grant, and to the disclosure of my personal information, contained in this application or in any files pertaining to the Grant Assistance Program held by the administrator of the Program, to the Ministry of Children and Youth Services or a regional provider for the purpose of evaluating the Program and agree to cooperate fully with the Ministry or its agents in any evaluation of the Program. Furthermore, I consent to the disclosure of information contained in this application to any person or institution, including regional providers and post-secondary educational institutions, for the purpose of verifying the information contained in this application, and to the provision by any person or institution, including regional providers and post-secondary educational institutions, of any document or information to the administrator of the Program for the purpose of verifying information contained in this application or assessing and monitoring eligibility for a grant or compliance with the associated funding agreement.

Notice Re. Collection of Personal Information

Collection by the Ministry of Children and Youth Services of personal information contained in this application or in any files pertaining to the Grant Assistance Program is by authority of section 5(5) of the Child and Family Services Act, R.S.O. 1990, C. 11, for the purpose of evaluating the Program. For further information contact the Director, Specialized Services and Supports Branch, Ministry of Children and Youth Services, 4th Floor, Hepburn Block, 80 Grosvenor Street, Toronto M7A 1E9, (416) 326-3274.

Please Note: The Program Administrator retains the right to accept or refuse the application of any applicant under this program. Provision of false or misleading information will invalidate the application.

I, _____, undersigned do hereby apply to the administrator of the Grant Assistance Program for Autism Intervention Professionals for a grant as in accordance with the program guidelines and other applicable guidelines and directives.

The following documents are also required:

1. letter of full-time or part-time (.5 FTE) employment from regional provider;
2. documentary proof of enrolment in or acceptance to a qualifying academic program, or (if applicable) documentary proof of completion of qualifying academic program within seven years of the date of this application and evidence of tuition expenses incurred in each year.

Signature of Applicant	Date (mm/dd/yy)
Signature of Supervisor	Date (mm/dd/yy)

All written correspondence shall be care of the regional provider.

Effective March 30, 2007