

The personal information collected as part of this application form is collected pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act). This information will be used for the purpose of processing your application to determine and verify your eligibility for the French as a Second Language and French Immersion – Individual Teacher Bursary and for the administration of this bursary program. The personal information will be treated in accordance with the FOIP Act. Questions regarding the collection may be directed to the Official Languages in Education Programs (OLEP) office at 10044-108 Street, Edmonton, AB T5J 5E6, or phone 780-415-0614.

PRIOR TO FILLING THIS FORM, PLEASE READ THE INSTRUCTIONS CAREFULLY. ONLY PREVIOUSLY APPROVED APPLICATIONS FOR THE GRANT ARE ELIGIBLE FOR A REIMBURSEMENT.

Personal information	Checklist																																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Social Insurance Number</td> <td style="width: 40%;"></td> <td style="width: 30%;">Email</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Family name (Last name)</td> <td colspan="2">Given name (first name)</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td colspan="2" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Home address</td> <td colspan="2">City</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td colspan="2" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Province</td> <td>Postal code</td> <td>Home phone number</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td></td> <td>Ext.</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Work phone number</td> <td>Ext.</td> <td>Fax number</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>	Social Insurance Number		Email				Family name (Last name)	Given name (first name)					Home address	City					Province	Postal code	Home phone number						Ext.				Work phone number	Ext.	Fax number				<ul style="list-style-type: none"> <input type="checkbox"/> Completed and signed form <input type="checkbox"/> Proof of completion of courses <input type="checkbox"/> Proof of attendance of conference
Social Insurance Number		Email																																			
Family name (Last name)	Given name (first name)																																				
Home address	City																																				
Province	Postal code	Home phone number																																			
		Ext.																																			
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Completed program(s)			
Title of courses or conferences	Length (D)(W)(M)	End date (YYYY-MM-DD)	
Institution/Organization	City	Province	Country
Tuition or registration fees	Transportation cost	Total	
<input type="checkbox"/> I certify that I individually incurred the above mentioned expenses			
Title of courses or conferences	Length (D)(W)(M)	End date (YYYY-MM-DD)	
Institution/Organization	City	Province	Country
Tuition or registration fees	Transportation cost	Total	
<input type="checkbox"/> I certify that I individually incurred the above mentioned expenses			
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Institution/Organization	City	Province	Country
Tuition or registration fees	Transportation cost	Total	
<input type="checkbox"/> I certify that I individually incurred the above mentioned expenses			

Declaration and Acknowledgement

- I acknowledge that I have read, understood and I accept the content of the ITB *Information Guide*.
- I understand OLEP has the right to recover payments to which I am not entitled including those issued due to administrative error.
- I understand that I must comply with program expectations to continue to be eligible to receive the bursary.
- I understand that giving false or incomplete information or not advising of changes in my situation may result in the rejection of my reimbursement.
- I certify that the information contained in this *Reimbursement Form* is accurate to the best of my knowledge and I am willing to provide additional supporting documents upon request.

Signature of Applicant

Year	Month	Day
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Employer's declaration (TO BE FILLED BY THE EMPLOYER)

I declare that, to the best of my knowledge, the information in this *Reimbursement Form* is accurate and that the applicant is currently working directly with students in learning French or other programs which are linked to learning French. I have verified the accuracy of the information provided and the validity of the documents that the applicant has to submit.

Name of school's representative (or School Board)

Position at institution

Telephone number

Signature of School's representative (or School Board)

Year Month Day

FOR OFFICE USE ONLY – OFFICIAL LANGUAGES IN EDUCATION PROGRAMS (OLEP)

Title of courses or conferences

Previous max. approved grant

Approval Sub. number

Approved tuition or registration fees

Approved travel costs

Approved total amount

Verif.

Notes

Payment Sub. number

Title of courses or conferences

Previous max. approved grant

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Approved tuition or registration fees

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Approved total amount

Verif.

Notes

Payment Sub. number

Note: In order to expedite the processing of this request and payment, please submit all the required supporting documents. Our office strives to respond to all inquiries from teachers as promptly as possible. Numerous phone calls and emails can slow processing and may result in a delay in payment. We therefore encourage teachers to visit our website at <https://education.alberta.ca/individual-teacher-bursary-program> or read the instruction guide for further information.

Thank you for your interest in the Official Languages in Education Programs (OLEP).

Please submit this reimbursement form by mail to Official Languages in Education Programs, 9th Floor, 44 Capital Boulevard, 10044 -108 Street, Edmonton, Alberta, T5J 5E6
By email at EDC.Officiallang@gov.ab.ca or by Fax: 780-422-1947.