



ETFO ANTI-POVERTY AWARD APPLICATION

CRITERIA

This award may be offered to an active ETFO member or group of members who have given outstanding service to supporting anti-poverty initiatives in their school and/or broader community. The recipient shall receive \$500 and a certificate of recognition from the President.

The **ETFO Anti-Poverty Award** may be given to a current member or group of members of ETFO in good standing based on the following criteria:

- a) recognizes a member or a group of members who have demonstrated outstanding commitment to anti-poverty initiatives in their school and/or broader community;
- b) engages in anti-poverty initiatives that have positively impacted students or their community;
- c) may be given for work completed for projects to be undertaken.

PROCEDURES

1. Complete the application form. ETFO must receive your application by February 1, 2022. Completed applications must include signature of Local President. Applications may be emailed as an attachment to awards@etfo.org or mailed to: **ETFO Awards Committee, 136 Isabella St, Toronto ON M4Y 0B5**.

Please contact Nadine Moore at nmoore@etfo.org if you have not received a confirmation within three days.

2. The ETFO Awards Committee reviews applications and recommends candidates to the ETFO Executive for final decision. You can expect to hear regarding the disposition of the award after **June 30, 2022**.
3. Applicants may only apply for one ETFO award in any given year. Applying in more than one category will result in disqualification.
4. Materials submitted to the Awards Committee in support of an application become the property of the Awards Committee and will not be returned.

TERMS AND CONDITIONS

- By submitting this application, you consent to your name being published in ETFO publications.

DEADLINE: FEBRUARY 1, 2022



Elementary Teachers' Federation of Ontario (ETFO)
 Fédération des enseignantes et des enseignants de l'élémentaire de l'Ontario (FEO)
 136 Isabella St
 Toronto ON M4Y 0B5
 Telephone: 416-962-3836 Toll free: 1-888-838-3836
 Fax: 416-642-2424
 etfo.ca

ETFO ANTI-POVERTY AWARD APPLICATION

LAST NAME	FIRST NAME	GENDER M <input type="checkbox"/> F <input type="checkbox"/>
STREET	CITY	POSTAL CODE
TELEPHONE	EMAIL	
DATE OF BIRTH (M/D/YYYY)	EMPLOYER	
ETFO MEMBERSHIP #	ONTARIO COLLEGE OF TEACHERS MEMBERSHIP #	
LOCAL	SELECT TYPE OF LOCAL (Teacher, OT, DECE, PSP, ESP)	
COLLEGE OF EARLY CHILDHOOD EDUCATORS MEMBERSHIP #	TOTAL YEARS EMPLOYED BY A SCHOOL BOARD	
LOCAL PRESIDENT	LOCAL PRESIDENT SIGNATURE	
Have you ever received another ETFO award? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, in what year? _____		
Name of ETFO award _____		
STATEMENT BY APPLICANT		
I have read the Criteria and Procedures of this scholarship and if chosen as the successful candidate, agree to abide by them. To the best of my knowledge, all information on this application form is correct.		
By signing this document, I consent to my name being published in ETFO publications and being included in ETFO media releases. I further consent that my contact information may be provided to local media upon request and for no other purpose.		
_____	_____	
DATE	SIGNATURE	



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Please include the following:

a) **FEDERATION INVOLVEMENT** (local, regional, provincial and/or national level- include years); and

b) **ANTI-POVERTY INVOLVEMENT** (curriculum writing teams, workshop presentations, leadership activities).



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GROUP CONTACT PERSON

LAST NAME	FIRST NAME
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Make sure the following information is provided for all members involved in the project. All members are invited to complete the Confidential Personal Information below.

LAST NAME	FIRST NAME	SCHOOL NAME	ETFO MEMBER #	OCT/CECE MEMBER #	SIGNATURE

By signing above, I consent to my name being published in ETFO publications and being included in ETFO media releases. I further consent that my contact information may be provided to local media upon request and for no other purpose.

CONFIDENTIAL PERSONAL INFORMATION

Member self-identification allows ETFO to achieve a critical goal, supporting and encouraging the participation of all members in ETFO programs, services and events.

By completing this section, ETFO will be able to undertake the necessary statistical analysis to achieve this goal. All information collected and the reporting of statistical data will ensure full confidentiality of all members. Although the completion of this section is voluntary, ETFO encourages members to self-identify.

Self-identification:

First Nations Métis Inuit person with a disability lesbian, gay, bisexual, transgender, queer or questioning
 racialized group woman

What term describes your gender? _____

If you identify as racialized, please specify (e.g. Black, East Asian, Mixed Race) _____

This form may be attached to the application or individuals may send confidentially to awards@etfo.org.