



## Education Assistant Certificate Program Application and Checklist

Please include with this application, in addition to completing this form:

- **\$30.00 application fee** – non-refundable.
- **Two (2) letters of reference**, preferably from professionals in education, child care, special needs services, recreational programs, or community agencies.
- **A HAND-WRITTEN letter/ statement** indicating why you feel you will be a good candidate for this program (approximately one page), to include any experience dealing with children of all ages or any individuals with special needs.
- **Transcripts / Diploma** or proof of completion of **Grade 12** and other post-secondary programs, if applicable. GED not accepted.
- **Record / summary of 100 hours appropriate work / volunteer experience.**
- **Statement that the applicant will pass a Criminal Records Check for working in the vulnerable sector – the College will run this check upon acceptance into the program.**
- **Optional: resume and any other documentation that may enhance your application.**

Late applications may be considered **but only if space remains** and once applicants who met the application deadline have been considered.

*Please print*

**Legal Name:** \_\_\_\_\_  
Last name
First name
Middle name(s)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone (preferred contact):** \_\_\_\_\_

**Phone (secondary cell or work number, if available):** \_\_\_\_\_

**Choose 1:**

September Intake

February Intake

*\* Proficiency in English language (written and oral) is required. Assessment of English level may be requested at the discretion of the coordinator.*

Legal Name: \_\_\_\_\_  
*Last name*                      *First name*                      *Middle name(s)*

## Educational / Work Background

High School Graduation:

School \_\_\_\_\_ Year: \_\_\_\_\_

Date of Birth \_\_\_\_\_

List any relevant accredited courses completed or Certificates/  
Diplomas / Degrees earned:

Year	Course / Award name	School/ Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Employment:

Work and/or Volunteer Experience related to Schools (public, private,  
elementary, secondary), Special Needs, Health, Social Service,  
Community Recreation, etc.

Year(s)	Organization / Program	Role
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I consent to a Criminal Record Check upon admission to the EA Program  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Submit completed application:**

- By Mail or In Person:** Ridge Meadows College, Riverside Centre, 20575 Thorne Avenue, Maple Ridge, V2X 9A6
- By Fax – 604-463-5437:** Fax submission must be followed by submission of application package in person or by mail.

**Only applicants who will be given further consideration will be contacted.**

Applications will be reviewed by a committee of program instructors and college administration. Their decisions regarding applications are final and not subject to appeal.