



PROFESSIONAL DEVELOPMENT & TRAINING BURSARY PROGRAM

Send completed form to: **advisor@councilofnsarchives.ca** marked **attn: CNSA Education Committee Chair**. Please include a letter of support from your employer and/or affiliated CNSA member. If possible, please also include an event program.

Name: _____

Address: _____

Event: _____

Event Location: _____

Dates of attendance from _____ to _____

Briefly state the importance of this activity to your own professional development and/or the impact it will have on your archival institution. Please indicate if you are a participant in the program or if you are you a member, hold office, or serve on a committee of the host organization.

Budget

Expenses:

Air fare	\$
Bus & Taxi	\$
Mileage _____ km x \$0.20	\$
Registration fees	\$
Accommodation & meals	\$
Other expenses	\$
TOTAL COSTS	\$

Funds Requested:

Air fare	\$
Bus & Taxi	\$
Mileage _____ km x \$0.20	\$
Registration fees	\$
Accommodation & meals	\$
Other expenses	\$
TOTAL FUNDS REQUESTED	\$

Applicant's Contribution:

Institution leave of absence	\$		
Institution dollar contribution	\$		
Applicant's own contribution	\$		
Other sources of funds	\$		
		Funds confirmed	Funds not confirmed
TOTAL CONTRIBUTION	\$		

I have read the funding criteria outlined in the Program Guidelines and agree to abide by the terms and conditions of this program.

Signature of applicant

Date

CNSA use only

The CNSA Executive Committee has reviewed this application and has agreed to funding in the amount of \$ _____.

CNSA Signature

Date