



PROFESSIONAL DEVELOPMENT & TRAINING BURSARY PROGRAM
APPLICATION

Send completed form to: **advisor@councilofnsarchives.ca** marked **attn: CNSA Education Committee Chair**. For employees/volunteers of member institutions, please attach a letter of support from your organization. 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 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.

