



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.

Budget

Expenses:

Air fare	\$
Bus & Taxi	\$
Mileage*	\$
Registration fees	\$
Accommodation & meals	\$
Other expenses	\$
TOTAL COSTS	\$

Funds Requested:

Air fare	\$
Bus & Taxi	\$
Mileage*	\$
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?	
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

**Please calculate mileage according to the regular reimbursement rates for employees of the Government of Nova Scotia: <https://beta.novascotia.ca/documents/reimbursement-rates-and-transportation-allowances-employees-government-and-public-sector-bodies>.*