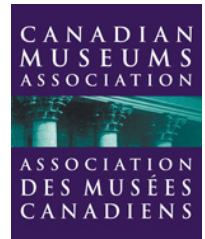


# Canadian Museums Association • The Bursary Program

TEMPLATE VERSION TO HELP YOU COMPLETE THE APPLICATION FORM.



## Application Form

*Confidential when completed.*

Check off the type of bursary for which you are applying

- Conference       Emerging Professional Development       Mid-career Professional Development

Name of Applicant Doris Today

Residential Address 234 Name Street (bursary cheque is sent to the bursary applicant's address)

City Toronto Province ON Postal Code Y0T 2T0

Telephone: Work 647-555-0000 Home 416-444-9999

CMA Member:  Yes       No

Citizenship:  Canadian       Landed Immigrant — Date Status Granted \_\_\_\_\_

Name of Employer/Institution Canadian Museum (if you or your institution is a CMA member, the applicant will be considered a CMA member)

Institution Address 101 Today Street

City Toronto Province ON Postal Code T4T 0Y0

Telephone 416-777-8888 Fax 416-444-5555

Email today@manager.ca (bursary applicant is contacted by email)

I agree to receive electronic communications from the CMA.

Your Title or Position Manager/Curator

Date you started your job April 2011  Full Time       Part Time       Volunteer

Other positions if less than 5 years

(Bursary applicant must check the communications box above in order to receive emails about his/her bursary application. The employment time must reflect the requirements stated for that specific bursary found on the website or the Bursary Program at a Glance)

Name of immediate supervisor Diane Day (important to provide contact here)

Telephone 416-333-2222 Fax 416-432-5678

Email diane.day@manager.ca

Title of Event Title provided by the event you are attending or a short summary of the event

Dates of event: From First day of the event to Last day of the event

Location(s) City, Province of the event

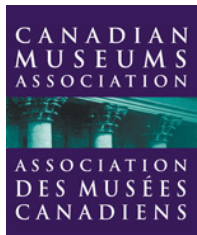
Event Sponsor Organization sponsoring/organizing the event

|   |       |
|---|-------|
| <b>Office use only</b>                                  |       |
| <input type="checkbox"/> Approved                       |       |
| <input type="checkbox"/> Not approved                   |       |
| <input type="checkbox"/> First Time Applicant           |       |
| <input type="checkbox"/> Previous Grant                 |       |
| _____   | _____ |
| Category  | Date  |
| <input type="checkbox"/> Database status                |       |
| <input type="checkbox"/> Email approval with claim form |       |
| Contact I.D. _____                                      |       |
| Grant I.D. _____  |       |

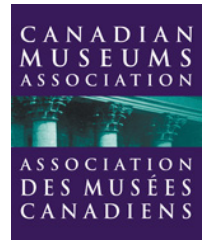
| Budget   | Detailed costs<br><small>Full costs estimated</small>  | Amount requested*<br><small>(refer to grid below)</small>   |
|--|--|---|
| Travel (must be by most economical means available)  | <small>Only complete the sections pertaining to your event</small>   |   |
| <small>For current mileage rate please click on the link provided on the bursary web page under the name: Treasury Board Secretariat</small> |  |   |
| <b>Accommodation Guideline</b>   |  |   |
| Hotel \$100/night (CDN and US \$)  |  | <small>What you are requesting from the bursary program, based on maximum levels in "Value" grid below</small>                            |
| Private Home \$15/night  |  |   |
| <b>Per Diem Expenses Total \$72 per day</b>  |  |   |
| Breakfast \$15   |  |   |
| Lunch \$15   | <small>Please ensure the meals you request are not already covered by registration fee or hotel fee.</small> |   |
| Dinner \$42  | <small>The bursary will only reimburse for costs not covered by the above mentioned.</small>                 |   |
| Registration Fee   |  |   |
| Resource Material (Material Required for course)   |  |   |
| Other Expenses (please itemize)  |  |   |
| <b>Total</b>   |  | <small>Make sure the amount requested corresponds to the maximum amount of the bursary you have selected. Please read grid below.</small> |

| VALUE | <b>Emerging Professional Development Bursary</b>   | <b>Mid-Career Professional Development Bursary</b>                | <b>Conference Professional Development Bursary</b>   |
|-------|--|---|--|
|       | <ul style="list-style-type: none"> <li>• Up to \$500 per event</li> <li>• Up to \$700 if remote areas</li> </ul> | Matches 50% of total eligible expenses up to a maximum of \$1,500 | <ul style="list-style-type: none"> <li>• Up to \$600 per event</li> <li>• Up to \$800 if remote areas</li> </ul> |

*\*Please note that only travel expenses can be claimed in a Conference bursary application for participation to any CMA conference activity.*



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**Give name(s) of other organizations to which you have applied for funding**

Name Complete if applicable Date \_\_\_\_\_

Amount \_\_\_\_\_

Purpose \_\_\_\_\_

**Contribution of your employer to the event**

Financial Assistance Please complete this section even if no contribution is being made (ex: N/A)

Purpose The amount indicated here is outside of the bursary amount requested on page 2.

**Leave of absence**     Yes with pay     Yes without pay     No

***Accompanying support Material***

Please check off the support material you have enclosed.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

- detailed program agenda or workplan (for professional exchanges)
- learning objectives
- employer/institution letter of support
- résumé
- (Volunteers, include a statement of volunteer work with description of work, dates and location(s))*
- job description

Supporting documents must be attached to the bursary application. If not, the bursary application cannot be evaluated until all necessary documents are provided.

***Terms of Agreement***

I confirm that the information provided is true. I agree to respect the conditions and rules of the Bursary program of the CMA and the decision of the Bursary Review Board, which cannot be appealed. If I am awarded a bursary, I will use it only for the project that I have described in the preceding pages and I will renounce all claims to funds that I have been awarded if the event is cancelled or postponed.

Ensure you sign the document before sending  
Signature \_\_\_\_\_

Date you signed the document  
Date \_\_\_\_\_

*This form may be photocopied for future use.*

The Canadian Museums Association acknowledges the financial support of the Department of Canadian Heritage, Government of Canada.

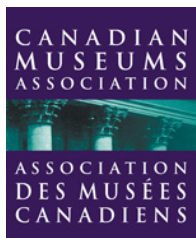
**Completed applications should be sent to:**

Bursary Program  
Canadian Museums Association  
280 Metcalfe Street, Suite 400  
Ottawa, ON K2P 1R7

You are permitted to submit the entire application form and supporting documents by email.

**For more information:**

Tel.: 613-567-0099 x240  
Fax: 613-233-5438  
Email: [bursaries@museums.ca](mailto:bursaries@museums.ca)  
Website: [www.museums.ca](http://www.museums.ca)



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