

## Application Form

***Confidential when completed.***

Check off the type of bursary for which you are applying

Travel Bursary     Canadian Museum Studies Bursary     Bursary for Advanced Specialized Studies

Name of Applicant \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Work \_\_\_\_\_ Home \_\_\_\_\_

CMA Member:  Yes  No

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

Name of Employer \_\_\_\_\_

Institution Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Your Title or Position \_\_\_\_\_

Date you started your job \_\_\_\_\_  Full Time  Part Time  Volunteer

Other positions if less than 5 years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Title of Event \_\_\_\_\_

Dates of event: From \_\_\_\_\_ To \_\_\_\_\_

Location(s) \_\_\_\_\_

Event Sponsor \_\_\_\_\_

How does this study relate to your professional development objectives?

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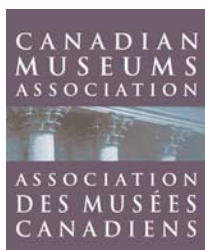
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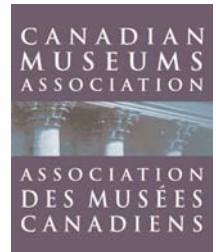
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<b>Budget</b>	Detailed costs	Amount requested
Travel (must be by most economical means available)	_____	_____
<b>Applicants for CMSB and BASS also include:</b>		
Accommodation Guideline		
Hotel \$90/night (Cdn and US \$)	_____	_____
Private Home \$15 /night	_____	_____
Per Diem Expenses Total \$50 per day		
Breakfast \$10	_____	_____
Lunch \$15	_____	_____
Dinner \$25	_____	_____
Registration Fee	_____	_____
Resource Material (Material Required for course)	_____	_____
Other Expenses (please itemize)	_____	_____
<b>Total</b>	_____	_____



# Canadian Museums Association • The Bursary Program



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

Name \_\_\_\_\_ Date \_\_\_\_\_

Amount \_\_\_\_\_

Purpose \_\_\_\_\_

Contribution of your employer to the event

Financial Assistance \_\_\_\_\_

Purpose \_\_\_\_\_

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.**

### **Travel Bursary**

- detailed program agenda
- employer/institution letter of support

### **Canadian Museums Studies Bursary**

- detailed program agenda or learning objectives and work plan
- employer/institution letter of support
- résumé
- job description

### **Bursaries for Advanced Specialized Studies**

- detailed program agenda or learning objectives and work plan
- employer/institution letter of support
- résumé
- job description

### ***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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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  
Telephone: 613-567-0099 x 228  
Fax: 613-233-5438  
E-mail: [vchikuru@museums.ca](mailto:vchikuru@museums.ca)  
Web site: [www.museums.ca](http://www.museums.ca)

