

Bursary Program

Application Form

Confidential when completed.

Check off the type of bursary for which	ch you are applyir	ng	
☐ Conference ☐ Emerging Profession	onal 🗖 Mid-care	er Professional	
Name of Applicant			
Residential Address			
City	Province	Postal Cod	e
Telephone: Work	Home		
CMA Member: ☐ Yes ☐ No			
Citizenship: Canadian Lande	ed Immigrant — D	ate Status Granted _	
Name of Employer/Institution			
Institution Address			
City			
Telephone	Fax		
Email			
☐ I agree to receive electronic community our Title or Position			
Date you started your job	🖵 Full Tir	me 🛭 Part Time 🗖	Volunteer
Other positions if less than 5 years			
Name of immediate supervisor			Office use only
Telephone	Fax		☐ Approved
Email			□ Not approved□ First Time Applicant
			☐ Previous Grant
Title of Event			
Dates of event: From			☐ Database status
Location(s)			$f\square$ Email approval with claim form
Event Sponsor			Contact I.D. Grant I.D.



Bursary Program - Budget Form

All item rates are as set out by the Canada Revenue Agency, Directive on Travel.

Item	Detailed costs	Amount requested* (refer to grid below)
Travel (must be by most economical means available) Mileage		- — — — — — — — — — — — — — — — — — — —
Accommodation Guideline		
Hotel		
Private Home		. —
Per Diem Expenses		
Breakfast		
Lunch		
Dinner		
Registration Fees		
Resource Material (required for course)		
Other Expenses (please itemize)		. ———
Total		

VALUE

Emerging Professional Development Bursary

- Up to \$500 per event
- Up to \$700 if remote areas

Mid-Career Professsional Development Bursary

Matches 50% of total eligible expenses up to a maximum of \$1,500

Conference Professional Development Bursary

- Up to \$600 per event
- Up to \$800 if remote areas

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



Sive name(s) of other organizations to which you have applied for funding			
Name	Date		
Amount			
Purpose			
Contribution of your employer to the ev	vent		
Financial Assistance			
Purpose			
Leave of absence □ Yes with pay □	Yes without pay □ No		
Required Support Material			
INCOMPLETE APPLICATIONS WILL NOT	BE CONSIDERED.		
Detailed program agenda or workLearning objectives	plan (for professional exchanges)		
☐ Employer/institution letter of supp	port		
☐ Résumé			
(Volunteers, include a statement of volunte	er work with description of work, dates and location(s)		
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.



I certify that I am **NOT** applying:

- After the start date of the event;
- As a presenter or speaker at the workshop, seminar, conference or symposia;
- For an event that is part of an academic program leading to a university undergraduate degree or graduate degree, or a community college diploma;
- As an employee of the Government of Canada, its agencies, and crown corporations. This includes indeterminate, determinate, and contract staff;
- For the same event as last year, for which I was granted a CMA bursary [IF APPLICABLE];
- For another bursary after receiving a bursary from the CMA within the last 12-month period or a conference professional development bursary from the CMA within the last 24-month period;
- As a second employee from my institution applying for the same event under the CMA bursary program.

Signature	Date
This form may be photocopied for future use.	
This program has been made possible by the Government of Canada.	

Completed applications should be sent to:

Bursary Program Canadian Museums Association 1203 - 130 Albert Street Ottawa, ON K1P 5G4

Tel.: 613-567-0099 x222

Email: bursaries@museums.ca Website: www.museums.ca