

archives

SOCIETY OF ALBERTA

EDUCATIONAL AND TRAVEL GRANT APPLICATION FORMS

1. Bursary Program
2. Tuition Support Program
3. Archival Practicum Support Program
4. Professional Development Travel Assistance
5. Educational Program Travel Assistance
6. Conference Travel Grant

NOTE:

- a) Applicants are reminded to ensure that they meet all criteria outlined in Parts 1 and 2 of the *Guidebook to Educational and Travel Grant Programs* before completing any application form.
- b) Before submitting your application for funding, make sure you have attached copies of all necessary documents requested on the application forms.



Bursary Support Program

PERSONAL INFORMATION

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax: _____

Email _____

INSTITUTIONAL AFFILIATION (if any): _____

NAME OF EDUCATIONAL INSTITUTION: _____

NAME OF COURSE OR PROGRAM _____

Please attach a copy of letter of acceptance or enrolment.

Starting Date: _____ Anticipated Completion Date: _____

EDUCATION, RELATED EMPLOYMENT OR OTHER EXPERIENCE:

Please attach copy of transcript and/or resume.

REFERENCES:

List at least two and attach letters from those individuals.

Phone: () _____

Phone:(____) _____

OTHER FUNDING SOURCES	AMOUNT AWARDED
_____	_____
_____	_____
_____	_____

I certify that the information provided in this application and attached documents is accurate and complete and I will abide by the conditions specified in the Guidebook to Educational and Travel Grant Programs.

Signature _____

All personal information collected on this form is used for the administration of the ASA grants program and will not be used for any other purpose.

PERSONAL INFORMATION

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax _____

Email _____

INSTITUTIONAL AFFILIATION (if any): _____

NAME OF EDUCATIONAL INSTITUTION: _____

NAME OF COURSE OR PROGRAM _____

Please attach a copy of letter of acceptance or enrolment.

Starting Date: _____ Anticipated Completion Date: _____

1. Describe how this course will be of benefit to you. (attach separate sheet)

2. List your expenses.

a. Tuition : \$ _____

b. Books: \$ _____

c. Other: \$ _____ (please specify)

AMOUNT REQUESTED \$ _____ (maximum \$250.00 per course)

I certify that the information provided in this application and attached documents is accurate and complete and I will abide by the conditions specified in the Guidebook to Educational and Travel Grant Programs.

Signature _____



Archival Practicum Support Program
For ASA Individual Members Only

PERSONAL INFORMATION

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax _____

Email _____

NAME OF INSTITUTION WHERE PRACTICUM WILL TAKE PLACE

Please attach a letter from head of institution confirming practicum arrangement.

NAME OF SUPERVISOR(S) FOR PRACTICUM

Starting Date: _____ Anticipated Completion Date: _____

PRACTICUM DESCRIPTION. (attach a description of work to be undertaken)

ANTICIPATED EXPENSES:

Travel – private vehicle	\$ _____	(_____ km @ .40)
Accommodation:	\$ _____	(_____ nights @ \$125/night)
Meals:	\$ _____	(_____ days @ \$50/day)
Other	\$ _____	(please specify)
TOTAL	\$ _____	
AMOUNT REQUESTED	\$ _____	(Maximum \$1,000.00)

I certify that the information provided in this application and attached documents is accurate and complete and I will abide by the conditions specified in the Guidebook to Educational and Travel Grant Programs.

Signature _____



**Professional Development Travel
Assistance Grant Pre-Approval
For ASA Individual Members Only**

Funding assistance for travel to attend professional development opportunities is provided through a contribution from the Alberta Historical Resources Foundation (AHRF). Please complete the eligibility section and review the eligibility exclusions below. Applications must be received within thirty (30) days of the commencement of the professional development opportunity.

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax _____

Email : _____

Course/Conference _____ Dates _____

To be eligible for travel assistance, I confirm that: (please \checkmark)

- I am an individual member of the ASA in good standing as of May 15th for the current membership year.
- I am an Alberta resident.
- I will register as a full conference/course registrant for the professional development opportunity.

Anticipated Eligible Travel costs:

Mileage _____ kms @ .40 per km = \$ _____

Commercial Transportation (bus/plane/train/taxi) \$ _____

Accommodation _____ nights at \$125 per = \$ _____

Meals (maximum of \$50/day) \$ _____

TOTAL ANTICIPATED COSTS \$ _____

AMOUNT FUNDED BY INSTITUTION (less) \$ _____

AMOUNT REQUESTED BY MEMBER \$ _____

I confirm that I meet the eligibility requirements.

Signature _____

Eligibility Exclusions

- Honorary, complimentary or institutional members (any person representing an institutional member who is not an individual member) are excluded.
- Only one recipient is eligible per shared vehicle for mileage costs.
- Mileage is excluded to those members who are traveling in vehicles owned by their institution.
- Registration costs are excluded in all cases.

All personal information collected on this form is used for the administration of the ASA grants program and will not be used for any other purpose.



Professional Development Travel Assistance Grant Report For ASA Individual Members Only

Funding assistance for travel to attend professional development opportunities is provided through a contribution from the Alberta Historical Resources Foundation (AHRF). Please complete the eligibility section and review the eligibility exclusions below. Reports must be received within thirty (30) days of the conclusion of the professional development opportunity in order for pre-approved funds to be disbursed.

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax _____

Email : _____

Course/Conference _____ Dates _____

To be eligible for travel assistance, I confirm that: (please \checkmark)

- I am an individual member of the ASA in good standing as of May 15th for the current membership year.
- I have received pre-approval for this professional development opportunity.
- I have registered as a full conference/course registrant for the professional development opportunity.
- I have attached a description of the professional development opportunity.
- I have included a narrative which may be published in the newsletter of the society.

Each applicant is encouraged to seek funding from other sources including his/her employer.

Eligible Travel costs:

Mileage _____ kms @ .40 per km = \$ _____

Commercial Transportation (bus/plane/train/taxi) \$ _____

Accommodation _____ nights at \$125 per = \$ _____

Meals (maximum of \$50/day) \$ _____

TOTAL COSTS \$ _____

Original receipts for commercial transportation, meals and accommodation are required with the submission of the application.

I confirm that I meet the eligibility requirements and certify the information provided in this request to be true, complete, and accurate.

Signature _____

Eligibility Exclusions

- Honorary and complimentary members are excluded.
- Only one recipient is eligible per shared vehicle for mileage costs.
- Mileage is excluded to those members who are traveling in vehicles owned by their institution.
- Registration costs are excluded in all cases.
- Applicants who have not received pre-approval for the professional development activity.

Grants Distribution Principles:

- The amount may be pro-rated according to the number of applicants and the total amount requested for travel assistance.
- Applications must be received within 30 days of the final day of the professional development opportunity.

All personal information collected on this form is used for the administration of the ASA grants program and will not be used for any other purpose.



**Education Program
Travel Assistance Grant**
For ASA Individual Members Only

Funding assistance for travel to attend professional development opportunities is provided through a contribution from the Alberta Historical Resources Foundation (AHRF). Please complete the eligibility section and review the eligibility exclusions below.

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax _____

Email : _____

Course/Conference _____ Dates _____

To be eligible for travel assistance, I confirm that: (please \checkmark)

- I am an individual member of the ASA in good standing as of May 15th for the current membership year.
 I am an Alberta resident.

Each applicant is encouraged to seek funding from other sources including his/her employer.

Eligible Travel costs:

Mileage _____ kms @ .40 per km = \$ _____

Commercial Transportation (bus/plane/train/taxi) \$ _____

Accommodation _____ nights at \$125 per = \$ _____

Meals (maximum of \$50/day) \$ _____

TOTAL COSTS \$ _____

Original receipts for commercial transportation, meals and accommodation are required with the submission of the application.

I confirm that I meet the eligibility requirements and certify the information provided in this request to be true, complete, and accurate.

Signature _____

Eligibility Exclusions

- Honorary, complimentary or institutional members (any person representing an institutional member who is not an individual member) are excluded.
- Only one recipient is eligible per shared vehicle for mileage costs.
- Mileage is excluded to those members who are traveling in vehicles owned by their institution.
- Registration costs are excluded in all cases.

Grants Distribution Principles:

- The amount may be pro-rated according to the number of applicants and the total amount requested for travel assistance.
- Applications must be received within 30 days of the final day of the education program.

All personal information collected on this form is used for the administration of the ASA grants program and will not be used for any other purpose.



Conference Travel Grant
For ASA Individual Members Only

Funding assistance for travel to the bi-ennial ASA Conference and AGM is provided through a contribution from the Alberta Historical Resources Foundation (AHRF). Please complete the eligibility section and review the eligibility exclusions below.

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax _____

Email _____

To be eligible for travel assistance, I confirm that: (please \checkmark)

- I am an individual member of the ASA in good standing as of May 15th for the current membership year.
- I am an Alberta resident.
- I have registered as a Full Conference registrant and will attend the full ASA conference and ASA AGM and/or am presenting in a conference session.

Each applicant is encouraged to seek funding from other sources including his/her employer.

Eligible Travel costs:

Mileage _____ kms @ .40 per km = \$ _____

Commercial Transportation \$ _____

Accommodation _____ nights at \$125 per = \$ _____

Original receipts for commercial transportation and accommodation are required with the submission of the application.

I confirm that I meet the eligibility requirements and certify the information provided in this request to be true, complete and accurate.

Signature _____

Eligibility Exclusions

- Honorary, complimentary or institutional members (any person representing an institutional member who is not an individual member) are excluded.
- Only one recipient is eligible per shared vehicle for mileage costs.
- Mileage is excluded to those members who are traveling in vehicles owned by their institution.

Grants Distribution Principles:

- Applicants traveling the greater distances have higher priority.
- Applications must be received within thirty (30) days of the end of the conference.
- The amounts of the grants may be pro-rated and is dependent upon the funding amount requested versus the allocation.

All personal information collected on this form is used for the administration of the ASA grants program and will not be used for any other purpose.