

# 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.

Send completed forms to:

Archives Society of Alberta  
PO Box 4067, South Edmonton PO  
Edmonton, AB T6E 4S8



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.



Tuition 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: \_\_\_\_\_

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 @ .45)

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 a minimum of (30) days prior to 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 15<sup>th</sup> 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 @ .45 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.



<b>Professional Development Travel Assistance Grant Report</b> For ASA Individual Members Only
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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 15<sup>th</sup> 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 @ .45 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.



<b>Education Program Travel Assistance Grant</b> For ASA Individual Members Only
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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 15<sup>th</sup> 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 @ .45 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.

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<p><b>Conference Travel Grant</b> For ASA Individual Members Only</p>
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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 @ .45 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.