

## Professional Development and Travel Subsidy Program 2024-25 Application

| Please read the PDF guidelines before filling in the application of Are you eligible to receive all or partial funding from your institute (Please note that this will not affect your eligibility to receive funding from the property of the | ion: Partial All                    |                 |                             |         |         |
|--|-------------------------------------|-----------------|-----------------------------|---------|---------|
| Name:  |                                     |                 |                             |         | _       |
| Address:   |                                     |                 |                             |         | _       |
| Associated member institution (if necessary):  |                                     |                 |                             |         | _       |
| Telephone: Email: _  |                                     |                 |                             |         | _       |
| Workshop Title:  |                                     |                 |                             |         |         |
| ocation of Workshop: Date of Workshop:   |                                     |                 |                             |         |         |
| Sponsoring Organization of workshop or conference:   |                                     |                 |                             |         | _       |
| Claim/Estimate (if requesting prior approval)  |                                     | Cost            | Approved<br>(For Office Use | Only)   |         |
| Registration Fees (non-SCAA events only)   |                                     |                 |                             |         |         |
| Travel Costs (Actual cost or kilometres @ \$0.5496/kil of 54 <sup>th</sup> parallel.   | ometre; 0.5918 north                |                 |                             |         |         |
| Other Travel:  |                                     |                 |                             |         |         |
| Accommodations (\$125.00/night or actual and reasonable charges for least expensive accommodation available)days.  Private Accommodations \$35.00 per night (no receipts required) _   |                                     |                 |                             |         |         |
| Meals (see guidelines for per diem amounts)  |                                     |                 |                             |         |         |
|  | TOTAL:                              |                 |                             |         |         |
| Signature:   | Date:                               |                 |                             |         | 1       |
| *Alongside their letter to the SCAA, recipients are asked to subm<br>Original receipts are required for most items. Please see guideling   |                                     | t within 30 day | s of the PD opportu         | ıity.   |         |
| For Office Use Only  |                                     |                 |                             |         |         |
| Is the Applicant an SCAA member in good standing?  |                                     |                 |                             | Yes     | No      |
| Does the Applicant meet the SCAA definition of an Eligible Applicant?  |                                     |                 |                             | Yes     | No      |
| Does the workshop/educational opportunity assist in professional development & training of archival workers?  Has the Applicant received previous SCAA support for the same non-SCAA program?  |                                     |                 |                             | Yes     | No      |
|  |                                     |                 |                             | Yes     | No      |
| This claim has been reviewed by the SCAA Executive D   | irector and the paym                | ent of \$       | has                         | been ap | proved. |
| 8  | Gloria Bearss<br>Executive Director |                 | Date:                       |         |         |
| Application received: Prior approval se  | ent:                                |                 |                             |         |         |
| Cheque # Date Issued:  |                                     |                 |                             |         |         |
| <del></del>  |                                     |                 |                             |         |         |







