



Pauline Weston Bursary Program APPLICATION FORM

Part 1: APPLICANT INFORMATION

Applicant's Name: _____ Title: _____
Organization or Agency: _____
Mailing Address: _____ Postal Code: _____
Phone #: _____ Fax #: _____ E-mail: _____

1. How many years have you been a manager of volunteers? Please list the agencies you have managed volunteers for and your length of service (paid or unpaid positions): _____

2. Have you or any one in your agency been previously granted a K.A.A.A.V. Bursary? Yes No
3. Would you be willing to sit on the Selection Committee in the future? Yes No
4. What is the name and date of the conference/workshop/training professional development event you are attending, where is it being held, and who is organizing it? (NOTE: Please remember to also submit a copy of the conference/workshop/training event (i.e., brochure, program, advertisement, etc.) _____

Part 2: BURSARY REQUEST

Amount of Registration Fees \$ _____
Amount of Bursary Requested (up to a maximum of \$400): \$ _____

Name of the organization or person to whom the reimbursement cheque is to be made should the bursary request be approved: _____ *

Part 3: IMPACT OF THIS PROFESSIONAL DEVELOPMENT EVENT

Using a separate sheet of paper, please respond to the following in support of your application:

1. Please summarize your goals and objectives for attending this professional development conference/workshop/training. Please indicate the anticipated benefit to you and your organization or community.
2. Please list how this event will make you and your organization more effective and resourceful.
3. Please indicate who will benefit from your attendance at the event and how you plan to apply and share the information you learn with your organization or community.

* The Treasurer MUST be informed of this by the Bursary Committee.



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Part 4: SIGNATURES

1. This application must be signed by you and an official signing officer from your agency, if your agency holds the KAAAV membership (see below).
2. Applications will not be accepted without original signatures.

I have read the guidelines for the K.A.A.A.V. Bursary and respectfully submit this application for review. I understand that the final decision rests with the Selection Committee. I also understand that if I am successful in obtaining a bursary, the K.A.A.A.V. Bursary will be awarded in the form of a reimbursement once proof of attendance and my written report (summarizing my learning experience and how I plan to share the knowledge I gained with others in my organization and community) have been received by the Bursary Committee chair.

Applicant Signature _____ Date Signed _____

Please indicate who holds the K.A.A.A.V. Membership:

I do

My agency does

If agency holds the membership a signature from your supervisor or board member is required:

Name of Supervisor or Board Member of Applicant's Organization (print) and title:

Signature _____ Date Signed _____

APPLICATION CHECKLIST

Please ensure that **all** of the following are included in your submission. Please **do not** put your application under a cover or put a title page on the front of the document. Application and copies should be stapled or clipped together. **All bursary form pages and signatures should be originals, not copies.**

PART 1 : Applicant Information	<input type="checkbox"/>
Workshop/Conference/Training event support documents	<input type="checkbox"/>
PART 2 : Bursary Request	<input type="checkbox"/>
PART 3 : Impact of Professional Development	<input type="checkbox"/>
PART 4 : Applicant's Signature	<input type="checkbox"/>
Sponsoring Agency's Signature (if applicable)	<input type="checkbox"/>

Please submit completed application by email to the Bursary Chair or by regular mail to:

K.A.A.A.V. Bursary Selection Committee
c/o K.A.A.A.V. Treasurer
PO Box 1442 Kingston Main
Kingston, ON, K7L 5C7