



Professional Development and Travel Subsidy Program 2026-27 Application

Please read the PDF guidelines before filling in the application form.

Are you eligible to receive all or partial funding from your institution: Partial All None

(Please note that this will not affect your eligibility to receive funding from this subsidy program)

Name: _____

Address: _____

Associated member institution (if necessary): _____

Telephone: _____ Email: _____

Workshop: _____

Location of Workshop: _____ Date of Workshop: _____

Sponsoring Organization of workshop or conference: _____

Claim/Estimate (for prior approval)	Cost	Approved (Office Use Only)
Registration Fees (non-SCAA events only)		
Travel Costs (Actual cost or _____ kilometres @ \$0.5724/kilometre; north of 54 th parallel @ \$0.6164)		
Other Travel:		
Accommodations (\$125.00/night or actual and reasonable charges supported by receipts for least expensive accommodation available) _____ days. Private Accommodations \$50.00 per night (no receipts required) _____ days		
Meals (see guidelines for per diem amounts)		
TOTAL:		

Signature: _____ Date of Application: _____

***Alongside their letter to the SCAA, recipients are asked to submit a final expense report within 30 days of the PD opportunity. Original receipts are required for most items. Please see guidelines for details.**

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?	Yes	No
Has the Applicant received previous SCAA support for the same non-SCAA program?	Yes	No

This claim has been reviewed by the SCAA Executive Director and the payment of \$ _____ has been approved.

Signed:	Gloria Bearss Executive Director	Date:
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