Lynn A. Bonfield Professional Development Scholarship Application Form

The Lynn A. Bonfield Professional Development Award is designed to provide Society of California Archivists members in good standing with financial assistance for related training and educational opportunities offered outside of California and independent of SCA sponsored events.

Applicants must be a current member of the Society of California Archivists in good standing and not enrolled in a degree-granting program. Additionally, applicants must have limited or no access to institutional funding for continuing education. The successful applicant must cover expenses that they incur in excess of the award itself. More information about this scholarship can be found in section 3-2-7 of the SCA Handbook.

FOR CONSIDERATION, APPLICANTS MUST INCLUDE THE FOLLOWING:
1. A completed application form
2. Resume or curriculum vitae
3. Personal Statement (250-500 words in length) describing how the workshop/class fits into the archivist’s future career path or repository’s collecting area and why outside funding is required.
4. Letter of Recommendation from the applicant’s supervisor or similar reference

Please complete this form and email it along with supporting documentation to the Awards Committee Chair (awards@calarchivists.org) with the subject line Lynn A. Bonfield Scholarship.

Name: __________________________________________________________

Position/Institution: ________________________________________________

Mailing address: __________________________________________________

Telephone: __________________________ Email: __________________________

Educational program you are applying for including class/workshop name, date, location, and workshop URL:

____________________________________________________________________

____________________________________________________________________

Cost of program: __________________________

Amount you are requesting: __________________________

How much institutional support will you receive?: __________________________
Budget (includes meals):

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I have read the awardee responsibilities as outlined in the SCA Handbook 2-5-14 and understand and agree to comply with the obligations noted above:

Signature:_____________________________________________  Date ______________________