



## Lynn A. Bonfield Professional Development Scholarship Application Form

The Lynn A. Bonfield Professional Development Scholarship is designed to assist Society of California Archivists members in need of financial assistance. The scholarship provides up to \$1,000 per event for members to attend SCA-sponsored continuing education events offered outside of California in order to enhance their professional training.

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 Jennifer Martinez Wormser (jmwormse@scrippscollege.edu) 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):

<u>Purpose</u>	<u>Amount (\$)</u>
<input type="checkbox"/> Program Fee	_____
<input type="checkbox"/> Travel	_____
<input type="checkbox"/> Lodging	_____
<input type="checkbox"/> Meals	_____

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 \_\_\_\_\_