

## AAG Bursary

### Description of Bursary:

Caring for older adults, in a diversity of settings, is an increasingly large part of health and human service provision in Alberta. Numerous team members bring their expertise and skills to their work with older adults. This bursary recognizes the desire of workers to “upgrade” their knowledge and skills.

### Eligibility:

- Health or human care worker in the province of Alberta.
- Minimum of two years full time work in health care or human services in Alberta.

### Guidelines:

- Bursary will be announced in AAG newsletter and on website.
- Applications will be accepted within the general scholarship call of the AAG.
- All applications will be reviewed by members of the AAG scholarship committee.
- The AAG scholarship committee will make a recommendation to the Board of the AAG.
- The final decision for the bursary will be made by the Board of the AAG.
- Priority is given to applicants who are or will be enrolling in a recognized academic program.
- Maximum award is \$1,000.00.
- Awards are presented at the discretion of the AAG Board and available funds.

## AAG Bursary Application Form

**Important:** Before completing this application form, you must read the Information and eligibility document available on our website <https://www.albertaaging.ca/>

Please ensure that you complete all relevant sections in full. We are unable to process your application if details are missing. Please note:

- **Applications should be typed and sent electronically.**
- **Please ensure that you spell out in full any abbreviations used.**

### Section 1: Your details

<b>Surname:</b>	<b>First Name:</b>	<b>Title:</b>	
<b>Home address:</b>	<b>Work telephone:</b>		
	<b>Home telephone:</b>		
	<b>Mobile:</b>		
	<b>Email for correspondence:</b>		
<b>Are you a member of the AAG?</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Please note that you do not have to be a member to apply for a bursary.</b>			
<b>Are you a Canadian citizen or landed immigrant?</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Job Title</b> (current employment):	<b>Start date</b> (month and year):	<b>F or PT?</b>	
<b>Name and Address of Employer:</b>			
<b>Brief description of present role:</b>			
<b>Previous Posts:</b> (Please list, starting with the most recent.)			
<b>Employer Name and Address</b>	<b>Job Title</b>	<b>Date start</b>	<b>Date finished</b>


**SECTION 2: Details of educational activity for which funding is sought**

<b>Title of the proposed activity/course for which you are seeking funding (25 words max)</b>	
<b>Brief summary of the activity/course and professional outcomes (100 words max)</b>	
<b>Start date</b> (month and year)	<b>Duration</b>
<b>If you are seeking funding for a course, please state here the name and address of the course provider:</b>	
<b>Have you been accepted?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

**SECTION 3: Details of costs of proposed activity**

(a) Have you sought funding from your employer? YES  NO

If YES, please give details, in the budget section below.

If NO, please give the reason here:

(b) Are you seeking funding from any other source? YES  NO

If YES, please give details of sources, items and outcomes here, and include amounts in the budget below.

(c) Please provide a detailed budget breakdown Be as accurate and detailed as possible. Include clarification of costing in 'notes' section. If successful, you will need to provide evidence of costs in order to be reimbursed.

		A	B	C
Item	Start date	Amount you are asking us to fund	Amount you will fund from elsewhere (please state sources)	Personal contribution
<b>Subtotal</b>				
<b>TOTAL COST OF ACTIVITY: (add columns A + B + C)</b>			<b>£</b>	
<b>Notes:</b>				

(d) Have you previously received a scholarship from AAG?

YES  NO

If yes, please state amount, date, and which scholarship you received:

**SECTION 4: Statement by applicant in support of request for funds**

**Please provide responses to the six questions below.**

(Please answer each question in turn against its respective number. Maximum of 1,500 words in total for this section please)

**1. What are your professional goals and how will the activity contribute to your career development?**

**2. How will the activity improve the health and well-being of older adults and/or carers?**

**3. How will you share your learning and development with colleagues?**

**4. How will you evaluate the effectiveness of your learning and development?****SECTION 5: Supporting Reference**

**6a. Reference from your Manager** (Please ask your Manager, or if you are not working, are self employed or are seeking funding for a career change, an alternative appropriate professional referee such as a past tutor, to complete and sign this section).

**Please comment on how the proposed study would fit in with the applicant's role and professional development and how this activity and its implementation will be supported, e.g. with mentoring or opportunities to influence practice.**

**Manager's Name:**

**Job Title:**

**Email address:**

**Telephone number:**

**Signature:**

**Date:**

**SECTION 6: Application Agreement**

<p><b>I confirm I have read the Terms and Conditions and agree to abide by them. I agree to provide a written report either during or on completion of the funded activity or to return funds on withdrawal from the funded activity.</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>	
<p><b>If you are successful, the AAG may wish to publicise your success and/or your work to the media. Please tick the box if you are NOT happy for your name and place of work to be used for this purpose.</b></p>	

Please email one copy of your entire application no later than **March 31<sup>st</sup> 2018**.

Please retain the Information document for future reference.

**Supporting documents checklist:**

*Please ensure that you return the application form with the relevant supporting documents.*

**Revised: Feb. 7<sup>th</sup> 2018**