

**2018 PROFESSIONAL DEVELOPMENT BURSARY APPLICATION**

**All applications are due by January 15, 2018**

This bursary is intended for PAVRO members only

who would not otherwise be able to attend the annual conference

**Name**: (FIRST) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LAST) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province**: \_\_\_\_\_\_\_\_\_\_ **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you received a PAVRO Bursary in the last 2 years? Yes □ No □

2. Are you currently working in volunteer management? Yes □ No □

a) If yes, is your role as a: paid full-time employee □ paid part-time employee □student □ volunteer □

b) If you are a student, are you currently enrolled in a program with a focus on volunteer management? Yes □ No □

If yes, in which program/school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How long have you been involved in volunteer management? More than 5 years □ 1 to 5 years □ Less than 1 year □

4. Are you a member of a local Association for Volunteer Administrators? Yes □ No □ If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_

a) Are you currently involved with your AVA (position on executive/board/committee, etc.)?

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b) How long have you held this position? Less than 1 year □ 1 to 5 years □ More than 5 years □

5. How long have you been a member of PAVRO? Less than 1 year □ 1 to 5 years □ More than 5 years □

a) Are you currently involved with PAVRO (position on executive/board/committee, etc.)?

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b) How long have you held this position? Less than 1 year □ 1 to 5 years □ More than 5 years □

6. Have you ever attended a PAVRO Volunteer Management Conference? Yes □ No □

a) If yes, indicate the most recent (where/when?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_

7. Have you received the **PAVRO** designation of a Certified Volunteer Resources Manager? Yes □ No □

8. What is your organization’s annual budget for YOUR professional development?

No budget □ $1 to $499 □ $500 to $1000 □ more than $1000 □

9. What is your driving distance from the conference site? Local □ 1 to 3 hours □ More than 4 hours □

10. Why are you applying for this grant and how will it enhance your volunteer management career? Provide on a separate

sheet, no more than one page.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature gives the Bursary Committee permission to verify the accuracy of the information on this application and

to publish the names of successful bursary winners. Please indicate if you do not wish to have your name published.

***All applicants will be notified by March 10, 2017***

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| --- | --- |
| ***Return Completed Application (electronic version preferred)*** ***By January 15, 2018******to:*** pavro@pavro.on.ca |  |

**For Committee Use Only** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Notified (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name forwarded to Conference Committee (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_