

CAGP • ACPDP™

CANADIAN ASSOCIATION OF GIFT PLANNERS

ASSOCIATION CANADIENNE DES PROFESSIONNELS EN DONNS PLANIFIÉS

Original Canadian Gift Planning Course

Bursary Application for March 19 - 24, 2012

Submission Deadline with Audited Income Statements: Friday February 3, 2012

Our bursary program is designed to contribute to the professional development of individuals in the gift planning profession - or those who provide advise to donors, who might otherwise be unable to attend CAGP•ACPDPTM's Educational offerings due to financial constraints. Equally important is our desire to promote equal opportunity and cultural diversity, reflective of Canadian society, within the fund-raising field.

The bursary program will offer financial support in the form of waived registration fees only.

Qualifications

All applicants must **currently** be a CAGP•ACPDPTM member in good standing and have been a member for three (3) months prior to making application. Applicants applying for CAGP•ACPDPTM membership at this time are not eligible for a bursary.

Applicants from all organizations, regardless of size, are welcome to apply. Preference will be given to individuals in organizations that, due to smaller size and staffing budgets, would be unable to otherwise afford these educational opportunities. Only one application per organization will be considered. Exceptions will be made for national organizations that have several regional offices.

Once a bursary has been granted, further applications for any CAGP•ACPDPTM bursary will not be accepted from that individual for a period of five years.

Coverage

Bursaries will cover **registration fees only**. Travel and accommodation expenses for courses or conferences are not covered as part of any bursary.

Application Procedure

If your attendance depends on you receiving a bursary, you do not need to register or complete a registration form. Should you receive a bursary, that information will be collected later.

Applicants must submit a completed Bursary Application form to:

Richelle Richardson
Professional Development Coordinator
325 Dalhousie St, Suite 201
Ottawa, ON K1N 7G2

Tel: 613-232-7991, Ext. 2; 1-888-430-9494 Fax: 613-232-7286 education@cagp-acpdp.org

The CAGP•ACPDPTM Bursary Committee will review all applications and inform all applicants of its decision at least six weeks before each event. For further information or questions, please contact Sharyon Smith at 888-430-9494.

Name: _____

Job Title: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

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Tel (with area code): _____ Fax (with area code): _____

Email: _____

You must fall into one of the following categories to attend this course:

Are you Staff (Yes/No): _____ or Volunteer (Yes/No): _____

If staff, percentage of time spent on planned giving: _____

Years of experience in your profession: _____

Years of experience in charitable gift planning: _____

Does your organization have a budget for professional development/conferences? (Yes/No) _____

If yes, please indicate the total professional development budget: _____

If yes, please indicate the number of staff that shares the professional development budget:

What is your organization's mission? _____

What are the fundraising gross overall revenues for most recent year? Please attach most recent audited income statement)(applies to charities). **Your application will not be considered** if you do not attach this document or complete the following information:

Fundraising gross planned giving revenues for most recent year? (Applies to charities) _____

Briefly describe your current position and your gift planning activities within your organization:

What are your objectives in attending this CAGP • ACPDP™ offering? _____

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How would you describe your Gift Planning knowledge/experience? Introductory, Intermediate or Advanced?

How would you describe your organization's gift planning commitment?

Introductory, Intermediate or Advanced?

Please list any planned giving workshops, courses or conferences attended over the past five years:

Do you attend CAGP • ACPDP™ RoundTable meetings? _____

If yes, how many meetings do you attend per year? _____

If you do not receive this bursary, will you be able to attend this CAGP • ACPDP™ educational offering? _____

Please have your CEO, Manager or Chair sign this form to indicate authorization for you to attend, if awarded a bursary. By signing, they also recognize that the bursary **only covers tuition costs**. Electronic signatures are accepted.

Authorizing Name – (can be CEO/Manager/Chair Name/self) _____

Title: _____

Tel: (with area code) _____ Email: _____

Signature: _____

Additional comments:

PLEASE RETURN THIS FORM BY EMAIL, MAIL OR FAX TO:

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