

CITY OF CAMBRIDGE  
BERNICE ADAMS MEMORIAL AWARDS COMMITTEE

Operational Guidelines for  
Selection of Bursary Recipients

**PURPOSE:** To provide assistance to deserving and qualified individuals, groups or organizations, to assist in their further development in the categories:

- i) Visual Arts
- ii) Performing Arts
- iii) Music
- iv) Communications/Literary Arts

**CRITERIA:** a) Applicants must comply with at least one of the following residence criteria below. Assistance is provided to Individuals, groups or organizations who, for a minimum of three (3) consecutive years immediately prior to their bursary application have been:

- i) a resident of Cambridge, or
- ii) employed in the City of Cambridge, or
- iii) an associate member or student of a relevant group or school in the City of Cambridge.

b) At the discretion of the Trustees, the financial assistance would be provided to a qualified applicant:

- i) to further the development of the applicant

or

- ii) represent the City of Cambridge in an out of town cultural activity.

c) Successful applicants are required to submit an expense summary related to the spending of their bursary.

**TERMS:** a) It is intended that the amount requested by any applicant will not exceed ten percent (10%) of the annual interest incurred on the capital of the fund. The alteration of this amount is at the discretion the Trustees.

b) Bursary application deadlines are March 1st and October 1st.

c) Due to the number of applicants and the Committee's wish to be fair and offer assistance to as many candidates as possible, applicants will not receive bursaries in consecutive years.

d) Bursaries given to individuals who are part of a larger group, representing the City in a cultural activity shall be given to the organization directly, in the applicant's name.

e) The Trustees decisions regarding fund disbursements are final.



CITY OF CAMBRIDGE  
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Bursary Application Form

(see attached guidelines for assistance in completing this application)

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**PREVIOUS APPLICANT**

If you have previously received a bursary from the Bernice Adams Memorial Funds, please indicate the date and amount received:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**CATEGORY OF APPLICATION**

Place check (✓) the most appropriate category:

Music  Performing Arts  Visual Arts  Communications/Literary Arts

**RESIDENCE CRITERIA**

Please check (✓) the most appropriate statement(s):

a)  I or my group/organization have been a resident of Cambridge for a minimum of three (3) consecutive years immediately prior to this application.

b)  I have been employed in Cambridge for a minimum of three (3) consecutive years immediately prior to this application through the following employers:

\_\_\_\_\_  
\_\_\_\_\_

c)  I am currently an associated member or student of a relevant group or school in Cambridge and have been for a minimum of three (3) consecutive years immediately prior to this application:

Name of group or school: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## **PURPOSE**

Place check the (✓) the appropriate statement(s):

a) I am requesting financial assistance to off-set the following expenses related to the further development of my talent/skills as an artist:

- Training/education refers to post secondary education by full or part-time registration; lessons; courses; and training programs. Acceptable expenses include fees, resources such as books, special equipment and other learning materials.
- Workshop/seminar refers to attendance at presentation, or participation in workshops. Acceptable expenses include fees, resources such as manuals and other learning materials.
- Resources refers to reference material. Acceptable expenses include books, music, video teach tapes, etc.
- Competition refers to registering and participating in a formal competition or judging providing an opportunity for critique of one's work. Acceptable expenses include fees, travel, and costume.
- 'Other' is offered to the applicant to use if their purpose does not fit those listed. Whether the 'other' item is an acceptable expense will be at the discretion of the Trustees.

b) I am requesting financial assistance as a representative of the Cambridge community in an out of town cultural activity to off-set the following expenses:

- Travel refers to the distance the person will be travelling from the Cambridge community. Acceptable expenses include car mileage (per/km rate as set by City of Cambridge), airfare, bus fare and boat fare.
- Materials refers to items required specifically for the cultural activity where the individual is representing the City of Cambridge. Acceptable expenses include costumes, music, and scripts.
- Fees refers to the cost of registration for the specific cultural activity where the individual is representing the City of Cambridge.
- 'Other' is offered to the applicant to use if their purpose does not fit those listed. Whether the 'other' item is an acceptable expense will be at the discretion of the Trustees.



Bursary Application Form

**REFERENCE**

- a) Please provide a personal reference letter from someone who is familiar with and qualified to comment on your work.
- b) Please provide a written personal profile (resume) focusing on your arts/cultural experience.

**I understand that the Bernice Adams Memorial Awards Committee may publicize my name, and photograph in the promotion of the fund.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Office Use Only**

Date application received: \_\_\_\_\_

Trustee Decision: Approved Amount \$ \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Reason for Decline:

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Notes:

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CITY OF CAMBRIDGE  
BERNICE ADAMS MEMORIAL AWARDS COMMITTEE

Post Award Information Form

Name of Recipient: \_\_\_\_\_

Address of Recipient \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purpose of Bursary: \_\_\_\_\_

Date of Programme/Project: \_\_\_\_\_

Amount of Assistance Received: \_\_\_\_\_

Please comment briefly on your program/project and list any certification awards received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipts Attached:

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature Date

**NOTE:** Please complete this form immediately upon completion of the program/project and return to:

Recreation Coordinator  
Cambridge Centre for the Arts  
60 Dickson Street  
Cambridge, Ontario  
N1R 8N1