



The Corporation
of the City
of Cambridge

CITY OF CAMBRIDGE
BERNICE ADAMS MEMORIAL AWARDS COMMITTEE

Guidelines for
Selection of Bursary Recipients

PURPOSE: To provide assistance to deserving and qualified individuals to assist in their further development in the fields of:

- 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 who, for a minimum of three (3) years 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 individual:

- I. To further the development of the individual's talent
- II. Representing 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, it is unlikely that applicants will receive bursaries in more than two successive years.

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

e) The Trustees decisions regarding fund disbursements are final.



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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 have been a resident of Cambridge for a minimum of three (3) years prior to this application.
- b) I have been employed in Cambridge for a minimum of three (3) years 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) years prior to this application:

Name of group or school _____

Address: _____

Contact: _____ Phone: _____

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.

Signature: _____ Date: _____

Office Use Only

Date application received: _____

Trustee Decision: Approved Amount \$ _____ Date of Approval: _____

Reason for Decline:

Notes:

**CITY OF CAMBRIDGE
BERNICE ADAMS MEMORIAL AWARDS COMMITTEE**

Bursary Application Guidelines

Please refer to the following guidelines when completing the Bernice Adams Memorial Fund Bursary Application.

PREVIOUS APPLICANT

Note the application deadline date of your previously approved bursary and the amount you received from the Bernice Adams Memorial Fund for that application.

CATEGORY OF APPLICATION

Check (✓) the category you believe best describes the programme/project for which you are requesting financial assistance.

RESIDENCE CRITERIA

Check (✓) one or more applicable statements. You must fit at least one of these statements to be eligible for a bursary.

PURPOSE

Check (✓) one or more applicable statements. Each are must be related to the programme/project for which assistance is being applied.

- a) 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.

1st Exhibition - refers to an artist's first professionally recorded work. Acceptable expenses include blank tapes, and fees for the studio, performers, etc.

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.

The 'Other' section 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) Travel - refers to the distance the person will be travelling from the Cambridge community. Acceptable expenses include car mileage at .27¢/km, 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.

The 'Other' section 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.



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Post Award Information Form

Name of Recipient: _____

Address of Recipient: _____

Telephone: _____ FAX: _____ Email: _____

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 Co-ordinator
Cambridge Centre for the Arts
60 Dickson Street,
Cambridge, Ontario N1R 8N1

FAX: 519. 624.0379