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| MenziesLogo (2)ABN : 70 413 542 847 | Education and TrainingPO Box 41096CASUARINA NT 0811Ph: 08 8946 8420Email: jen.girling@menzies.edu.au[www.menzies.edu.au](http://www.menzies.edu.au) |

SCHOLARSHIP APPLICATION FORM

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| 1. PERSONAL DETAILS
 |
| Family Name:  | First Name:  |
| Phone: **Mobile:**  | Email:  |
| Street Name & Number:  | City:  |
| State: | Postcode:  |
| Date of Birth:  | Male / Female: |

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| 1. PRIMARY SCHOLARSHIP INFORMATION
 |
| Are you currently receiving a scholarship?  Yes  NoIf yes, what is the name, duration and termination date of the scholarship? |
| Have you applied for other scholarships this year?  Yes  NoIf yes, what is the name of the scholarship and the institution? |

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| 1. ENROLMENT INFORMATION
 |
| Are you currently enrolled in a PhD/Masters by Research programme through Charles Darwin University? |   Yes  No  Full time  Part time |
| If yes, please state your commencement date, current year of candidature and expected completion date | Commencement date: |  |
| Year of candidature: |  |
| Expected completion date: |  |
| If no, please provide details on the enrolment application. (I.e. what stage is the application at, in what semester you hope to commence.) |  |

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| 1. RESEARCH PROJECT (If more room is required for this section, please attach a separate sheet, sign and return with this application)
 |
| **Does your research topic align with Menzies research area of expertise** |  ** Yes  No****(Ineligible**) |
| **If YES, please provide the following information:** |
| **Project Title:** |
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| **Name of (potential) principal supervisor :** |  |
| **Summary of Research project:** |
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| 1. EMPLOYMENT
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| Employment Status | Full time | Part time  | Not Employed | Other |
| Current Occupation |  |

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| 1. RESEARCH EXPERIENCE
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| 1. RESEARCH OUTPUTS (PUBLICATIONS, REPORTS, BOOK CHAPTERS ETC.)
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| 1. REFEREES. (NOTE TO CURRENT STUDENTS: PLEASE INCLUDE ONE MEMBER OF YOUR SUPERVISORY PANEL)
 |
| 1. Name: 2. Name:  | Address: Phone: Email: Address: Phone: Email:  |

Date of Submission: \_\_\_\_/\_\_\_\_/\_\_\_

Applicant Signature: ---------------------------------------------------------------------------------------

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| EMAIL OR MAIL YOUR SCHOLARSHIP APPLICATION FORM TO: |

Jen Girling

Research Degrees Administration Officer

Menzies School of Health Research

PO Box 41096

Casuarina NT 0811

**Ph: 08 8946 8420**

Email: jen.girling@menzies.edu.au

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| OFFICE USE ONLY |  |
| **Grade Point Average** |  |
| **Honours Equivalence** |  |
| **Scholarship Recommendation** | **Recommended / Not Recommended**Comments:----------------------------------------ChairHigher Degree Research Panel |
| **Date** | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |