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| MenziesLogo (2)  ABN : 70 413 542 847 | Education and Training  PO Box 41096  CASUARINA NT 0811  Ph: 08 8946 8420  Email: [jen.girling@menzies.edu.au](mailto: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  No  If yes, what is the name, duration and termination date of the scholarship? | |
| Have you applied for other scholarships this year?  Yes  No  If 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 | | | | |
| 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](mailto:jen.girling@menzies.edu.au)

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