**SCHOLARSHIP APPLICATION FORM**

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| 1. **PERSONAL DETAILS** | | |
| **Family Name:** Click here to enter text. | **First Name:** Click here to enter text. | **Date of Birth:** Click here to enter a date. |
| **Residential Address:** Click here to enter text. | | |
| **Postal Address:** Click here to enter text. | | |
| **Email Address:** Click here to enter text. | | |
| **Phone:** Click here to enter text. | **Mobile:** Click here to enter text. | **Male/Female:** Click here to enter text. |
| 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?**  Click here to enter text. | | |
| **Have you applied for other scholarships this year? Yes No**  **If YES, what is the name of the scholarship and the institution?**  Click here to enter text. | | |
| 1. **ENROLMENT INFORMATION** | | |
| **Are you currently enrolled in a PhD/Masters by Research program 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:** Click here to enter a date.  **Year of Candidature:** Click here to enter text.  **Expected Completion Date:** Click here to enter a date. | | |
| **If NO, please provide details on the enrolment application (i.e. what stage is the application at, in what semester do you hope to commence?)**  Click here to enter text. | | |
| 1. **RESEARCH PROJECT** | | |
| **Does your research topic align with Menzies’ research in the area of prevention and treatment of infectious conditions or agents that affect respiratory health of Indigenous children? Yes No (Ineligible)** | | |
| **If YES, please provide the following information:**  **Project Title:** Click here to enter text.  **Name of Principal Supervisor (potential):** Click here to enter text.  **Summary of Research Project:** Click here to enter text. | | |
| 1. **EMPLOYMENT STATUS** | | |
| **Full Time Part Time Not Employed Other** | | |
| **Current Occupation:** Click here to enter text. | | |
| 1. **RESEARCH EXPERIENCE** | | |
| Click here to enter text. | | |
| 1. **RESEARCH OUTPUTS** | | |
| **Please outline any research outputs i.e. publications, reports, book chapters etc**.  Click here to enter text. | | |
| 1. **REFEREES** | | |
| **Referee 1**  **Name:** Click here to enter text.  **Address:** Click here to enter text.  **Phone:**  Click here to enter text.  **Email:**  Click here to enter text.  **Referee 2**  **Name:** Click here to enter text.  **Address:** Click here to enter text.  **Phone:**  Click here to enter text.  **Email:**  Click here to enter text. | | |
| 1. **SIGNATURES** | | |
| **Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PLEASE EMAIL OR POST YOUR SCHOLARSHIP APPLICATION FORM TO:** | | |
| **Jasmina Sesar**  **Research Degrees Administration Officer**  **Menzies School of Health Research**  **PO Box 41096**  **Casuarina NT 0811**  **Phone: 08 8946 8480**  **Email:** [**Jasmina.Sesar@menzies.edu.au**](mailto:Jasmina.Sesar@menzies.edu.au) | | |
| **OFFICE USE ONLY** | | |
| **Grade Point Average:** Click here to enter text.  **Honours Equivalence:** Click here to enter text.  **Scholarship Recommendation: Recommended Not Recommended**  **Comments:** Click here to enter text.  **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Chair, Higher Degree Research Panel Date** | | |