**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**
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| **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**
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| **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**  |
| **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** |