



APPLICATION FORM – APRIL POSTGRADUATE SCHOLARSHIP AWARDS

Award Sought:

POSTGRADUATE RESEARCH SCHOLARSHIP (as part of a coursework MS/MSc/MPhil)

Name of Applicant:

Address:

Phone:

Email:

Name of Administering Organisation:

Contact Person:

Position:

Postal Address:

Street Address (*if different*)

Phone:

Email:

Student Supervisor(s) and Affiliation(s):

Project Details	
Project Title:	
Synopsis of Project (100-150 words):	
Proposed Study	
Level of study:	
<input type="checkbox"/> PhD <input type="checkbox"/> MS/MSc/MPhil	
Place(s) of study:	
Supervisor(s) and Affiliations(s):	
Period of study:	
Proposed Project	
<p><i>Please provide an outline of the proposed project to be undertaken. The project should align with the overall objectives of the CRC-Project (CRC-P), Eliminating Pig Tail Removal to Improve Welfare and Industry Sustainability. The outline should also provide a statement of how the APRIL Scholarship Award could be used to address the problem.</i></p>	
Proposed commencement:	Proposed completion:
Expected outcomes of the project:	
Benefits to the Australasian pork industry and APRIL stakeholders:	
Where will the proposed project take place?	
What supervision is available at the proposed Institution?	

Other Postgraduate Awards

Do you currently hold a postgraduate award?

- No
 Yes

If Yes, please answer the following questions:

Name of Award:

Annual Monetary Value:

Duration of Award (Start and End Dates):

Have you previously held a postgraduate award?

- No
 Yes

If Yes, please answer the following questions:

Name of Award:

Annual Monetary Value:

Duration of Award (Start and End Dates):

Have you applied for any other Awards for the coming academic year?

- No
 Yes

If Yes, please answer the following questions:

Name of Award:

Institution

Project Budget

*Please note that this is not a proposal for an APRIL project, but for a Scholarship.

Estimated Project Costs			
Expenditure Item	Annual Expenditure		
	Year 1	Year 2	Year 3
Salary/stipend expenditure			
Project expenditure:			
Operating/Student Development			
TOTAL			
Contribution from APRIL			
Expected contribution from organisation			

CERTIFICATION BY ACADEMIC INSTITUTION

I certify that the applicant, <student's name>, is a suitable candidate for the research award proposed

**Signature*

Name:

Date:

Position:

(Must be signed on behalf of the applicant's academic institution by a person authorised to make this declaration)*

Checklist of additional required information to be provided:

- Student's Academic Transcript.
- Student's Personal Statement (to be signed by the student) outlining reasons for applying for a Scholarship.
- Student's *Curriculum vitae*
- Supervisor's *Curriculum vitae* (If supervisor has not previously supervised a Pork CRC, APL or APRIL student)