



APPLICATION FORM – APRIL DVM/VETERINARY SCIENCE SCHOLARSHIP AWARD

Name of Applicant:

Address:

Phone:

Email:

Name of University:

Contact Person:

Position:

Postal Address:

Street Address: *(if different)*

Phone:

Email:

Student's Supervisor(s):

Position(s):

Summary of project and experimental plan [include research training outcomes and relationship of project outcomes to APRIL research priorities, and a communication/delivery plan (if appropriate). Please use additional pages if necessary]

Proposed Commencement:

Proposed Completion:

Is the proposal related to an existing APRIL research project? Yes No

If yes, give project details:

Applicant's enrolled course of study and progress to date (include any research projects and training undertaken to date and outcomes):

Academic Institution:

Course/Award (including name of the unit/course for credit this Award will satisfy):

Progress/Training:

BUDGET REQUESTED from APRIL: \$



CERTIFICATION BY ACADEMIC INSTITUTION

SUPERVISOR'S RATING OF STUDENTS TRACK RECORD:

- OUTSTANDING: TOP 10%
- EXCELLENT: TOP 20%
- VERY GOOD: TOP 30%
- GOOD: TOP 40%

Justification of ranking:

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 student with Pork CRC, APL or APRIL).