

APPLICATION FORM -	HONOURS	SCHOL	ARSHIP	AWARD
		JUICE		AWAND

Name of Applicant:				
Address:				
Phone:				
Email:				
Name of University:				
Contact Person:				
Position:				
Postal Address:				
Street Address: (<i>if different</i>)				
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]				
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CERTIFICATION BY ACADEMIC INSTITUTION				
SUPERVISOR'S RATING OF STUDENTS TRACK RE	CORD:			
OUTSTANDING: TOP 10%				
EXCELLENT: TOP 20%				
VERY GOOD: TOP 30%				
GOOD: TOP 40%				
Justification of ranking:				
I certify that the applicant, <student's name=""></student's> , is	a suitable candidate for the research award proposed			
*Signature	Name			
Date:	Position			
(* Must be signed on behalf of the applicant's a declaration)	cademic institution by a person authorized to make this			
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				

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 <u>not</u> previously supervised a student with Pork CRC, APL or APRIL).