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| **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 **[ ]** NoIf 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: $** |

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| **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).