APPLICATION FORM – APRIL HONOURS 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 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:

BUDGET REQUESTED from APRIL: (AU $10,000 maximum) $

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