

APPLICATION FORM – APRIL POSTGRADUATE SCHOLARSHIP AWARDS
Award Sought:
POSTGRADUATE (PhD Scholarship) FULL SCHOLARSHIP
POSTGRADUATE (PhD or MS/MSc/MPhil) 'TOP-UP' SCHOLARSHIP
POSTGRADUATE RESEARCH SCHOLARSHIP (as part of a coursework MS/MSc/MPhil)
POSTGRADUATE RESEARCH SCHOLARSHIP (only check if part-support is requested; see Guidelines for further information)
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:
☐ PhD ☐ MS/MSc/MPhil
Place(s) of study:
Supervisor(s) and Affiliations(s):
Period of study:
Which APRIL Funding Scheme does the Study Align? (tick most appropriate)
 □ Transformational Project □ Innovation Project □ Other
Proposed Project
Please provide an outline of the proposed project to be undertaken. The outline should provide a statement of the pork industry problem or APRIL priority (if appropriate) to be addressed and how the APRIL Scholarship Award could be used to address the problem.
Proposed commencement of Scholarship Award: Proposed completion of Scholarship Award:
Expected outcomes of the project:
Benefits to the Australian 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:		

Scholarship Award Budget

		Budget	
Expenditure Item being Requested from APRIL	Annual Expenditure		
	Year 1	Year 2	Year 3
Salary/stipend			
Operating/Student Development			
TOTAL			
Contribution from APRIL			
Expected contribution from organisation			

	CERTIFICATION BY ACADEMIC INSTITUTION
I cert	ify that the applicant, <student's name=""></student's> , is a suitable candidate for the research award proposed
*Sign	nature Name:
Date:	: Position:
	ust be signed on behalf of the applicant's academic institution by a person authorised to make this tration)
Checkl	list 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
_	Scholarship.
	Student's <i>Curriculum vitae</i> Supervisor's <i>Curriculum vitae</i> (If supervisor has not previously supervised a Pork CRC, APL or APR student)