THE GOWRIE SCHOLARSHIP TRUST FUND

FORM OF APPLICATION FOR RESEARCH SCHOLARSHIP

This application is to be completed and sent to the scholarships office of the applicant's University or Institute of graduation on or before 30 October. A duplicate copy is to be sent to the Trustees, The Gowrie Scholarship Trust Fund, 3/32 Beaconsfield Road, Mosman, NSW 2088.

I, the undersigned, apply for a Research Scholarship, and declare the following particulars to be correct.

1. SURNAME (block letters)_____

2. SEX___ 3. MARITAL STATUS_____

4. OTHER NAMES (in full) _____

5. DATE AND PLACE OF BIRTH_____

6. ADDRESS_____

_____

7. ACADEMIC RECORD

Secondary School (Name and Place)_____

Date of qualification for entry to a tertiary institution_____

Tertiary course (Faculty)_____

Institution	Attended From	To	Qualifications obtained (stating Honours etc.)
_____	_____		_____
_____	_____		_____
_____	_____		_____

8. If a Scholarship is awarded, I propose to pursue the following course of study and research
at_____ for ___ years, commencing _____
(month/year)

9. Full particulars of other post-graduate scholarship or the like
a) Already secured

b) Applied for, or to be applied for

10. RESEARCH EXPERIENCE

a) Brief statement of any research in which you have been engaged.

b) List of publications (with dates) which embody reports of work which you have done individually or in collaboration with others.

c) Assessment (attached) by a qualified person of the value of the proposed research, and of the time required for its completion.

11. Brief particulars of extra curriculum activities (including games, community affairs, etc.) at school or tertiary institution.

12. Names, contact details (please include email addresses) and occupations of persons to whom reference may be made in regard to character, ability and personality.

a) Academic (two)

b) Personal (one or two)

13. NAMES AND OCCUPATIONS OF PARENTS.

14. WAR SERVICE QUALIFICATION.

a) Name, relationship and address of person through whom eligibility is claimed.

(If deceased, state date of death)_____

b) Particulars of active service –

Rank	Unit	Operational areas	Periods
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date_____ Signature of applicant_____