Diane Campbell-Hunt Memorial Award

Application Form

Miss/	Mrs/Ms/Mr	Surname			
Given	Names (underline name by whi	ich you are known)			
Date of	Date of Birth/Town/CityCountry				
Addro	ess for correspondence at	oout this application			
Telephone		email_			
Unive	ersity of Otago Student II)			
Cours	se and department currer	ntly enrolled in at the U	Jniversity of Ot	ago	
Please	e confirm the following is	attached:			
	Copy of the paper for w	hich the award will be	made		
	Report from Supervisor or Head of Department Summary of how the award will be used to support further research				
Ш	Statement outlining papless)	er's contribution to N	ew Zealand con	servation (500 words or	
	Detailed budget				
	Statement outlining plan words or less)	ns for how your resear	ch will be comn	nunicated to the public (500	
I autho	ies where disclosure is requii	nal information supplied red.	or obtained in con	correct. nnection with my application to ion held by me by the Universi	
	go, or any other university I			is in the control of the Cherry of	
Signa	ture of applicant		Date/		
This	completed application for	rm must be sent to: Sc P O Box 56, Du		inistrator, University of Otag	

Applications must be received by the University no later than 30 June (extended to 31 July in 2012).