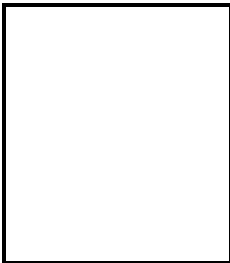


Please complete the form electronically or in clear, preferably upper case writing.
Use a blue or black pen or ball-point.
It is essential that every question be addressed, even if only to mark it "not applicable".
Applications should be submitted by 31 October to:
Email: scholarships@otago.ac.nz or
Student Administration (Scholarships), St David II Building, University of Otago, PO Box 56,
Dunedin 9054.
Successful recipients will be expected to report progress to the Foundation each year.



Please attach a photo here.
The HOPE Foundation reserves the right to use this photo for publicity purposes.

Personal information

Full name of applicant _____

Address for correspondence _____

Telephone _____ Mobile _____

Email _____

Host institution, faculty and department in which the research will be carried out _____

Department address _____

Department telephone number _____

Have you been accepted into a postgraduate programme? Yes / No

If so, at what level? _____

Project

Title/name of the research programme with which you will be associated _____

Supervisor's name _____

Supervisor's academic appointment _____

Supervisor's Qualifications _____

Amount of support requested (maximum \$6,000) _____

Has the project already begun? Yes / No

Please give approximate (or intending) start date _____

Does the project require ethical approval? Yes / No

Please give a brief description (use a separate page) of the proposed research, including:

- Title
- Previous findings of your own, or from the literature, that are relevant
- How the proposed research is relevant to the aging of New Zealand society
- How your project will address the objectives of the HOPE foundation
- Description of the methodology to be used

Research Experience

Have you previously conducted research in the area of ageing? Yes / No

If so, use a separate page to give details including title of project, supervisor, date of completion, affiliated institution.

List prizes, scholarships, fellowships or research grants previously awarded or currently held.

Academic qualifications held	Year of Award	Awarding Institution
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<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>_____</p>	<p>_____</p>	<p>_____</p>

List any work you have had published in the area of aging _____

General

List the names and addresses of two people who would be willing and qualified to act as referees for your application:

1. _____ 2. _____

Section to be completed by the supervisor

Please attach your budget plan for this project.

State how additional support from the HOPE Foundation will assist the applicant and the research project _____

Would the project be able to proceed without HOPE funding?

Has the project been reviewed by any scientific or commercial reviewing agency? Yes / No
If "Yes" give the name of the agency / organisation / committee and attach a copy of the report, if available _____

How many publications do you have in this area of research? _____

How many postgraduate supervisions have you completed? _____

Does the project already have other external funding? Yes / No

If "Yes" state how much in **total** _____

I hereby declare that all information included in this application is true and correct.

Name of applicant:

Signature:

Date:

I hereby declare that all information included in this application is true and correct.

Name of supervisor:

Signature:

Date: