

Elizabeth Jean Trotter Postgraduate Research Travelling Scholarship in Biomedical Sciences Application



By 5:30pm on the 1st of November 2021, applicants must email their application to Student Administration (Scholarships): scholarships@otago.ac.nz

The application must include the following:

- Completed Application Form (including an outline of the purpose of the proposed travel and the benefits expected to result from this, conference/workshop/laboratory details and tentative budget and the title of proposed oral presentation and/or poster at the chosen conference)
- CV
- Letter of Support from Primary Supervisor

Student ID Number

Surname

First Names

Email Address

Phone Number

Gender

PRIVACY STATEMENT

- The information provided in your application and your academic record will be used for the purposes of assessing your application for the scholarship for which you have applied.
- The Scholarships Administrator may obtain, for purposes related to your application any personal information about you held by the Academic or Finance Sections of the University (including academic records, enrolment information and scholarship information).
- Applicants shall agree to co-operate with any publicity of the scholarship for which they have applied. Such publicity may include material provided with your application, photographs and interviews with scholarship recipients.

DECLARATION

- I have read and understood the privacy statement above and agree to its conditions.
- I have read the regulations for the Scholarship and agree to abide by them.
- I confirm that the statements provided by me are original and written by me.
- I declare that, to the best of my knowledge, all the information supplied in and attached to this form is true and correct.
- I accept that providing false and incomplete information may result in facing penalties including, but not limited to, the loss of any scholarship awarded.

APPLICANT SIGNATURE _____ DATE _____

Research Details

Programme of Study

Department

Supervisor(s)

Outline the purpose of the proposed travel and the benefits expected to result from this *(500 Words Max)*

SUPERVISOR / HEAD OF DEPARTMENT TO COMPLETE

I confirm that this candidate is a strong candidate for this scholarship, that they have been accepted into the programme and that I have agreed to be their supervisor.

SUPERVISOR NAME: _____

SIGNATURE: _____ *DATE:* _____

HoD NAME: _____

HoD SIGNATURE: _____ *DATE:* _____