# *THE GOWRIE SCHOLARSHIP TRUST FUND*

## FORM OF APPLICATION FOR RESEARCH SCHOLARSHIP

This application is to be completed and sent to the registrar of the applicant’s University or Institute of graduation on or before 31 October. A duplicate copy is to be sent to the Trustee, 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 | | | | |  | | Qualification obtained (stating Honours etc.) | | | | | | | | | |
|  |  | | |  | From | | To | | |  | |  | | | | | | | | | |
|  |  | | |  |  | |  | | |  | |  | | | | | | | | | |
|  |  | | |  |  | |  | | |  | |  | | | | | | | | | |
|  |  | | |  |  | |  | | |  | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 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 of the like | | | | | | | | | | | | | | | | | | | | |
|  | a) | already secured | | | | | | | | |  | | | | | | | | | | |
|  | b) | applied for, or to be applied for | | | | | | | | |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10. | RESEARCH EXPERIENCE | | | | | | | | | |
|  | a) | Brief statement of any research on 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, 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 |  |