

Application for REGINALD KITCHIN SCHOLARSHIP

Please note that this form only covers your application for a Reginald Kitchin Scholarship – **not admission to any program of study at the ANU.**

DEADLINE: 30 November.

Please specify your academic program.

4th year undergraduate honours	
MBBS	
Master or Doctor of Philosophy	

PERSONAL INFORMATION

Title		
Family name		
Given name(s)		
Date of birth		
Gender (please circle)	Female	Male
Are you an Indigenous Australian?)	No	Yes
Contact address		
Phone:		
E-mail		

CURRENT INSTITUTION

Name the institution at which you are currently studying and the degree program (in full) being undertaken.

Institution	
Degree program	
Student number	

ACADEMIC RECORD

If you have been a student at the ANU throughout your current degree program, your academic record will be available to the Selection Committee.

If you completed some or all of your current degree program at another institution, **please attach an official transcript of your academic record to date**, then **forward the results of any examinations currently being undertaken as soon as they are available to you**.

Prizes or Awards <i>(gained during your tertiary education)</i>	
Scholarships	
Relevant work experience or practical training <i>(e.g. vacation scholarship, lab project)</i>	

AREA OF PROPOSED RESEARCH

Area of proposed research	
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Proposed supervisor(s)	
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PROPOSED STARTING DATE

Proposed starting date of relevant research project	
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OUTLINE OF PROPOSED RESEARCH PROJECT

Please give a brief description, in your own words, of the specific research project you plan to do. You should provide some background to the field, a statement of the question you will be addressing, and a brief description of the techniques you plan to use to answer this question.

REFEREES REPORTS

Please complete the contact information for two referees. It is your responsibility to request a recommendation from your referees, which they should forward to the address given below.

Referee's name	
Referee's address	
Referee's phone	
Referee's e-mail	

Referee's name	
Referee's address	
Referee's phone	
Referee's e-mail	

DECLARATION

(To be signed by the Applicant)

I wish to be considered for a Reginald Kitchin Scholarship as specified above. I declare that the information I have provided is correct and complete. I authorise the University to obtain official records from any educational institution previously attended by me, and acknowledge that the University reserves the right to vary or reverse any decision regarding the award of a scholarship made on the basis of incorrect or incomplete information.

Signature	
Date	

Endorsement of Supervisor	
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Endorsement of program convenor or MChD project coordinator	
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Send Application (and Referee's Report) to:

ANU Medical School
Associate Dean HDR
Florey Building 54
54 Mills Road
The Australian National University
ACTON ACT 2601

Phone: hdr.medicalschool@anu.edu.au
Email: 02 6125 5274

Guidelines for Referees

To assist the selection committee, please write no more than one A4 page reference outlining your opinion of the applicant's qualifications, experience, research ability and suitability for the research project. If possible, please comment on the abilities of the applicant relative to their peers. Please state in which year(s) of the applicant's student career you have known them and in what capacity, for example, supervisor during a vacation scholarship.

The reference is requested from you and, if supplied, received by the University on a confidential basis and on the clear understanding that the University will do everything in its power to respect and maintain that confidence. The report will be disclosed only to those immediately involved in the selection process.

DEADLINE: 30 November