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| http://www.engeneicfoundation.org.au/wp-content/uploads/2011/12/engeneic-logo.pngApplication for post graduate scholarship |
| personal Information |
| Title: |
| Name: |
| Gender: |
| Date of birth: |
| Australian citizen or permanent resident: Yes No  |
| Phone: | Fax: | E-mail: |
| Address: |
| City: | State: | Postcode: |
| degree of interest |
| What post graduate degree are you applying for a scholarship in (please tick appropriate): |
| Honours |  |
| Masters |  |
| Doctorate |  |
| Research Area of interest |  |
| Previous degrees/experience |
| Highest Degree obtained and year: |
| Institution: |
| Previous scholarship: Yes No  |
| Name of scholarship: |
| Prior research experience: |
| Position | Institution | Year |
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**Please send this completed form along with a CV and photo to: info@engeneic.com**