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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 |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| referees | | | |
| Referee 1: | | | |
| Email: Phone: | | | |
| Referee 2: | | | |
| Email: Phone: | | | |

**Please send this completed form along with a CV and photo to: info@engeneic.com**