

ANU COLLEGE OF HEALTH AND MEDICINE LEONARD BROOM HDR SCHOLARSHIP

To be eligible to apply for this scholarship you must: (1) be Aboriginal and/or Torres Strait Islander; (2) have applied for, been accepted in to, or enrolled in the first year of, a postgraduate degree at NCEPH; and, (3) have applied for or been awarded a scholarship to undertake a postgraduate degree at NCEPH. For further details, please see the *Conditions of Award* document.

1. PERSONAL DETAILS	
Title:	
	Surname:
	Mobile:
I identify as Aboriginal and/or Torres	
2. EMPLOYMENT DETAILS	
ANU student ID number (if a current	t Student):
Name of NCEPH Degree Program yo	ou have applied for are are enrolled in:
Name of Primary Supervisor at NCEF	PH (if known):
Program start date:	
Applied for program, with intend	ded start date:
Accepted in program, with inten	
☐ Enrolled in program, with start d	
Study load:	
3. SCHOLARSHIP DETAILS	
	ards, grants, and bursaries you have applied for, or will hold
while undertaking this degree.	
	Duration of award:
Scholarship status: Under applic	cation Awarded
Name of scholarship/award:	
	Duration of award:
Scholarship status: Under applic	
Name of scholarship/award:	
Funding amount:	Duration of award:
Scholarship status: Under applic	cation

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4. SIGNIFICANCE OF THE PROPOSED RESEARCH
Please describe the potential of the proposed research to improve health (300 words
maximum):
5. CHECKLIST Before you submit this application, please ensure that you have: ☐ Answered all of the questions above; ☐ Attached a CV (2-page maximum); and ☐ Attached a research proposal (2-page maximum); and ☐ Attached copies of your Academic Records (transcripts) from undergraduate and (where relevant) postgraduate degrees.
6. DECLARATION I declare that the information I have given in this application and any supporting documentation is complete, true and correct. I acknowledge that the University has the right to vary or reverse any decision regarding the offer of an ANU NCEPH Leonard Broom HDR Scholarship and take necessary actions made on the basis of incorrect or incomplete information.

Signature: _____ Date: _____

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7. CONTACT AND DEADLINE

This application must be emailed to <u>scholarships.committee.nceph@anu.edu.au</u> within twelve months of the applicant commencing their research program.

Contact

NCEPH Scholarships Committee
ANU College of Health and Medicine

T: +61 2 6125 2378

 $\hbox{\bf E:}\ \underline{scholarships.committee.nceph@anu.edu.au}$