



FELLOWSHIP APPLICATION FORM

Indicate the Fellowship for which you are applying.

Commemorative Fellowship 3 years

Commemorative Fellowship 1 year

Applicants may apply for either or both Fellowships.

(It is important to read accompanying information and instructions.)

1 PERSONAL DETAILS

Name _____

Family Name

First Name

Middle Name

Work Ph No _____ Home Ph No _____

Home Address _____

Contact Address (if different from Home Address) _____

Date of Birth _____ Place of Birth _____

Country of Citizenship _____

Long Term Email Address _____

2 PROPOSED STUDY

CATEGORY: Please select one category from the list below and write acronym in box. Please do not invent new categories.

Please select one category from the list below:

AN Animal Sciences (including Agriculture, Veterinary Sc., Zoology)

AP Architecture & Planning, Geographical Sciences

ASA Anthropology, Archaeology, Sociology

E Economics/Commerce, Management, Political Science/Government

ED Education

H Health Sciences, Therapies, Nursing

L Law

LAN Language Studies/Linguistics

LCS Literary & Cultural Studies

M Medical Research

MCS Media & Communications Studies

PCE Physical, Chemical, Geological Science, Engineering

PH Philosophy & History

PL Plant, Environmental & Food Sciences (including Agriculture, Botany)

PS Psychology

VPA Visual & Performing Arts (including Music)

DEGREE

Please tick one box

Masters

PhD

Other

Name Other

Place of study (list Department, Faculty, Institution) _____

Expected length of study program – year(s) _____ Expected commencement date _____

Has your program already commenced and if so when? _____

3 EMPLOYMENT INFORMATION

Current position held _____

Employer _____

4 EDUCATIONAL QUALIFICATIONS

Institution	Field	Award	Date Awarded
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_____	_____	_____	_____
_____	_____	_____	_____

Names and dates of professional honours, awards, scholarships and fellowships (including previous FFI Fellowships).

Other Fellowship or Scholarship Application(s) made for the current year

5 REFEREES

Please provide the names of the two referees whom you will contact.

Referee 1 Name _____ Position _____

Institution _____

Referee 2 Name _____ Position _____

Institution _____

6 CERTIFICATION

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Signature _____ Date _____

Return complete forms to The Registrar

If sending by mail :

Fellowship Fund Inc
C/- Academic Dress Hire Service
PO Box 1355
MILTON, QLD 4064 Australia

If sending by email :

Subject Line: (Applicant name), FFI fellowship.
Email address: registrar@fellowshipsfund.com.au

Checklist

1. Fellowship Application Form
2. Academic records
3. Curriculum Vitae
4. Statement of Purpose
5. Confirmation of Acceptance

Referee Reports (see App procedures)

All application documentation must be postmarked or received electronically prior to 5.00pm 30 June (Eastern Standard Time). Applications cannot be faxed.