



## School of Medical Sciences Summer Research Scholarship 2009-10

These scholarships are open to continuing undergraduate students at the University of Adelaide who wish to undertake a six week research project in the School of Medical Sciences over the 2009-2010 summer vacation.

Students who have completed at least two years of their program at a standard acceptable for admission to an Honours program will be considered in the first instance. Students should ensure that an appropriate research project is available within the School. Research undertaken within the Disciplines of Anatomical Sciences, Pathology and Pharmacology and potential supervisors can be found via the School website [http://health.adelaide.edu.au/school\\_medsci/](http://health.adelaide.edu.au/school_medsci/)

In exceptional circumstances students who have completed less than two years of study may be considered.

Each scholarship provides a living allowance of \$200 per week for six weeks.

The Scholarship must be taken up in the year at the time it is offered; acceptance of the Scholarship offer cannot be deferred. If a student declines the Scholarship offer, the Scholarship will be offered to the next eligible student.

**Applications for this scholarship will close on October 23, 2009.**







The student will commence the six week research project on ...../...../.....\*

Will the Discipline of Faculty/School fund additional weeks beyond this six week period? YES  NO

If yes, how many additional weeks are to be funded? ..... weeks.

\*Please note:

- this commencement date must be within the period from late October 2009 to mid January 2010;
- Students are not able to undertake the project over the University Christmas/New Year closure period.

**Declaration** *(to be completed by applicant)*

I declare that the information I have supplied on this form is true and correct to the best of my knowledge. I understand that the scholarship may be cancelled if it is proven that I was offered a scholarship based on false or misleading information or documentation.

I authorise the School of Medical Sciences to obtain such additional information deemed necessary to assess my application for this scholarship.

I understand that the University will not disclose any information supplied on the application form or obtained for the selection process without written consent of the applicant. The information supplied will only be used for the selection process of this scholarship program and will be managed in accordance with the University of Adelaide Privacy Policy and Management Plan available at <http://www.adelaide.edu.au/policies/62>

Applicant signature: ..... Date: .....

This information and application form can be found in the School of Medical Sciences website under 'Programs'.  
([http://health.adelaide.edu.au/school\\_medsci/programs/](http://health.adelaide.edu.au/school_medsci/programs/))

Please forward the completed application form to:

The School of Medical Sciences office, first floor, Med School north.

Closing date: 23 October 2009