Australasian Plant Pathology Society

Postgraduate Student & Early-Career Researcher (ECR) Conference Bursary Form

THE STUDENT / ECR					
Family Name		Name Prefix			
Given Name	iven Name APPS Me		APPS Member	nber No.	
Faculty/Institution					
Mailing Address				Post Code	
Email			Day Phone		
Degree	Status		·	Student	
Thesis title					
Start date of thesis		Date thesis completed			
Name of Principal Supervisor					
Email			Day Phone		

THE CONFERENCE

Conference Title	Date

Previous national/international scientific conferences attended: Include conference title, location and year.
1.
2.
3.
4.
5.

THE PRESENTATION		
Type (Please select one)	Title	
	lence of submission received by conference organisers. om conference organisers of acceptance of your presentation/poster.	

3. A statement outlining the relevance of attending the Conference to your research (approx. 100 words).

AGREEMENT

I declare that all the information on this Application and in the documentation/information attached is correct and complete.

I have read and understand the requirements of the bursary scheme as laid out in the Guidelines. I also understand that the APPS Committee reserves the right to seek verification of the information supplied by me.

I undertake to return all recoverable funds allocated if, through illness or other mitigating circumstances, I am unable to attend the Conference, so that the funds can be reallocated to another student/ECR.

Name	of	An	nlica	nt
Tunno	•••		piiou	

Applicant's Signature

Date

PRINCIPAL SUPERVISOR USE ONLY

Please provide the student/ECR with a letter of recommendation in support of their conference bursary application.

Name and Title of Applicant's Principal Supervisor

CHECK LIST FOR APPLICANTS

Written acceptance of the abstract from the Conference organisers attached (if available)

Documentary evidence concerning (estimated) travel and accommodation costs attached

Statement outlining the relevance of the Conference to the student's/ECR's research attached

Signature and letter of recommendation from the Principal Supervisor attached

Upon return will submit a travel report (along with photos) for inclusion in the APPS newsletter

PLEASE E-MAIL COMPLETED APPLICATION TO:

APPS Executive Secretary

APPS SELECTION COMMITTEE USE ONLY				
Application complete?				
SCORE/COMMENTS				

Signature

Date