

HIV RESEARCH TRUST

SAMPLE SCHOLARSHIP APPLICATION FORM

This form is provided to assist you with planning your application and should not be used to make your submission; please do this using the online form at hivresearchtrust.org.uk

Applicant details:

Name: (please print) _____

Address: _____

Tel : _____ Fax: _____

Email: _____

Date of birth: _____

Qualifications and date obtained:

Current post, duration and source of funding for stipend / salary :

Current Supervisor / Head of Department or Laboratory:

Names and addresses of two referees:

1.

2.

Department Institute to be visited:

Proposed duration and dates of visit:

Statement of purpose of visit (maximum 500 words, use second page if necessary)

Please explain clearly the nature of the research, training and experience that you hope to obtain including techniques and methodologies that you hope to use or acquire. Explain the importance of the research and the reasons why you will benefit. Indicate how this will help the research in your host institution when you return. Outline how the proposal will assist you in your career.

Breakdown of costs of visit: Include travel, subsistence and research costs

Details of other sources of support obtained, applied for, or to be applied for:

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

1. CV and list of publications.
2. Letter(s) of support from Supervisor/Head of Department at your institution
3. Letter of confirmation that the arrangements proposed are agreed by the laboratory or institution to be visited