



APPLICATION FORM

Applicants **must** read the NOgIN scholarship guidelines prior to completing this form.

1. A grant is sought to assist with attendance at

State/National Conference	
International Conference	
Short Course	
Postgraduate Course	
Other	

2. Applicant's details

Surname and Given Names	
Postal Address	
Suburb, State, Post Code	
Home telephone, mobile telephone	
E-mail address	

3. Conference/course/other details

Title of Conference/Course	
Venue	
Dates	

4. Amount requested

Conference/Course Registration Fee	
Airfare Cost	
Accommodation	

Total Amount Requested =

DECLARATION

I declare that the information I have provided in this application is, to the best of my knowledge, true and correct. In signing this application form I agree to abide by the criteria set out in the NOGIN scholarship guidelines, as determined by the NogIN trustees, which I have read prior to completing this application.

Signed:-----

Date:-----

Please send completed applications to the:
Emma Everingham
CNC Neuroscience
Westmead Private Hospital
Mons Road
WESTMEAD NSW 2145

or

Diane Lear
CNC Neuroscience
Westmead Hospital
Hawkesbury Road
Westmead Hospital NSW 2145