



## DR BARBARA WRIGHT POSTGRADUATE SCHOLARSHIP

# APPLICATION FORM

Please complete all fields and include attachments

### PERSONAL DETAILS

Family name:

Given names:

Date of birth:

Home address:

Mailing address:

Telephone number(s):

Email address:

Undergraduate qualification or equivalent (award, institution, year completed):

Other qualifications (award, institution, year completed):

Relevant connection with rural/regional NSW and community activities:

### PROPOSED POSTGRADUATE COURSE

Award, Institution, Course/research project:

Brief description of course/research (or attach brochure)

Details of Two Referees: Character and Academic (Include name, position, telephone number/ email/ residential address)

### ATTACHMENTS

- Photocopies of Driver's licence OR Birth Certificate/Passport
- Transcript of Undergraduate degree/Equivalent qualification
- Evidence of acceptance into P/G Course/Research Project
- Proposed Budget (targeted outline; evidence of cost of categories; justification – limit \$5000)
- CV (include personal details, tertiary education history, employment history)
- Reason for applying for the scholarship

**SIGNATURE OF APPLICANT**

**DATE**

**Forward three (3) copies of Application and Attachments (excluding course brochure) to:**

**Dr L. E. Foster  
PO Box 577  
Cowra NSW 2794**