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**Professor Philip Walker Medical Student Scholarship**

Applicants must read these instructions carefully before submitting an application

1. Applicants must submit an application on the prescribed form. Pages in excess of those in the application form will not be considered. The format of the application form must not be altered in any way. Applications are not to be handwritten.
2. Applicants must forward **one electronic copy** in Microsoft Word or Adobe PDF Format to the ANZSVS Office via email to vascular.foundation@anzsvs.org.au no later than **5.00pm on Wednesday 31 July 2019**. Applications received after this date **will not** be considered. If you do not receive confirmation that your application has been received, please contact the ANZSVS Office.
3. The Professor Philip Walker Scholarship will provide up to $1000 per scholarship. Preference will be given to, but not limited to students whose research (oral or poster) has been accepted for presentation at the ANZSVS Scientific meeting.
4. Scholarship monies can be used for economy class airfares, reasonable accommodation costs and registration costs to attend the ANZSVS meeting. Monies will be paid on receipt of supporting costs documents, and a 500 word summary of the experience of attendance at the ANZSVS meeting.

**Privacy:**  The ANZSVS is collecting your personal information on the attached form for the purposes of awarding the scholarship, and if you should be the successful applicant, publicly announcing the outcome and administering the scholarship.  Administration may involve disclosure of the successful applicant’s name and contact details. Failure to provide the information requested on the form may mean that your application is unable to be accepted.  Any queries about the privacy of your personal information held by the Society should be directed to society@anzsvs.org.au

**APPLICATION FORM**

**Professor Philip Walker Medical Student Scholarship**

**SECTION A**

Full Name (including Title):

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| --- |
|  |

Postal Address (including State and Postcode):

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| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Telephone |  | Business Telephone |   |
| Mobile Number  |   | Fax Number  |   |
| Email  |   |

**SECTION B**

Please answer the following questions.

|  |  |
| --- | --- |
| In which medical school are you enrolled? |  |
| What is your current year of study ?  |  |
| What prompts your interest in vascular disease and attending this conference?(100 words max) |  |

**SECTION C**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you worked in any research capacity during your medical course?  | YES |  | NO |  |

Please provide name/s and email address of your research supervisor.

|  |  |
| --- | --- |
| **Project Title**  | **Supervisor Name & Email Address**  |
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**SECTION D**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you submitted an abstract for the ANZSVS 2019 Meeting?  | YES |  | NO |  |

**SECTION E**

**I certify that the information supplied in this application is true and correct. I understand that the Australian and New Zealand Society for Vascular Surgery may wish to verify this information with an institution or individual. I consent to such inquiries being undertaken as part of the scholarship selection process. I have read the application conditions for the relevant scholarship and agree to abide by them.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /