

**Application for a CT Collins Scholarship**

**General**

The CT Collins Research Scholarship is provided by the Cancer Society Wellington Division to allow a student to undertake cancer related research/study leading to a Doctorate in Philosophy from a New Zealand University.

Ideally the research/study will have an equity focus. The successful applicant will be selected on the basis of his/her potential for a career in cancer research and will be a full-time student or ½ time equivalent.

Study in a University must primarily be undertaken within the Wellington Division boundaries which includes; Greater Wellington, Marlborough, Nelson and the Wairarapa.

**DURATION OF SCHOLARSHIP:**

The award is for two years, in the first instance, extendable to three years subject to annual review and satisfactory evidence of progress.

Scholarship funding will normally paid to the successful candidate in installments.

**APPLICATIONS:**

Applications will be reviewed by a Medical and Scientific Committee. This is a sub-committee appointed by the Cancer Society Wellington Division Board.

Applicants may be required to present their application in person to the Committee.

**CLOSING DATE:** 31 July 2024.

This application should be forwarded to:

**Moana Uerata-Jennings**

Interim CEO Cancer Society Wellington Division

52 Riddiford Street,

Wellington 6021

Phone: 04 3898756

moanauj@cancersoc.org.nz

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| **1. Name of Applicant:**  **Address:** |  |
|  |  |
| Contact Phone |  |
|  |  |
| E-mail |  |
|  |  |
| Employer’s Name and address |  |
|  |  |
| CV DataPlease attach a copy of your CV including details of your: |  |
| *Secondary and Tertiary Education* |  |
| *Qualifications, Awards & Grants* |  |
| *Research experience* |  |
| *Publications (if any)* |  |
|  |  |
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| **2. Study Proposed****University or Institution** |  |
|  |  |
| Summary of PHD studies to be undertaken (additional pages can be used) |  |
| **3. Study Costs****University Fees per annum****Other****TOTAL** | NZ$NZ$NZ$ |

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| --- | --- |
| **4. Other Financial Support:**How much to you expect to receive from:**Your Employer****Other Sources (please specify)****TOTAL** | NZ$NZ$NZ$ |

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| --- | --- |
| **5. Previous Funding:**Previous grants received from the Cancer Society by this applicant. Specify purposes, amounts and years: |  |

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| --- | --- |
| **6. Institutional Support:**All applications must have sign off from the Head of Department at the Tertiary Institute where study is proposed: | I confirm that *Applicant Name* has approval for PHD studies as outlined in this application.Name:Position:Signature:Date: |

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| **7. Referees:**All applications must include letters from two referees and any other supportive information. | Referee Name 1:Referee Name 2: |

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| **8. Applicant declaration:** | I *Applicant Name ,* confirm that to the best of my knowledge the information in this application is true and correctSignature:Date: |