

Application Form for the 2020 Scholarships

Applications must be sent to scholarships@pgdentalschool.edu.au

The primary criteria considered for the Scholarships are qualities of intellect, vision and need and for your contribution to your dental community. Evidence of these qualities is essential to your application and care should be taken to provide sufficient information on your background, interests and aspirations.

Contact Details		
Title, Family Name:		
Other Names:		
Home Address:		
& Postal Address (if different):		
Telephone:	Work/Daytime:	
	Home:	
	Mobile:	
Email Address:		
Date of Birth:		
Place of Birth:		
Citizenship:		

Academic Qualifications				
Please attach your official academi for all courses completed and/or ir		mplete details of you	ur tertiary studies	
Degree/Diploma Awarded	Institution	Year(s)	Grade Achieved	
Courses in Progress	Institution	Year(s)	Expected Completion	
Please list your publications, award	ls, scholarships and oth	er academic achieve	ements.	
Titles of Publications, Papers Theses Submitted:				
Membership, Distinctions, Awards and Prizes:				
Scholarships held (past and present): Please detail any scholarships you have applied for and their value and tenure				
Other Academic Achievements:				

	you believe you can contribute to the future interests of dentistry in the country where you live.			
	References			
	Please provide the names and contact details of two referees. The referees must be qualified to speak with knowledge of your academic and/or professional merit and capacity for higher degree study. One referee must be able to write a personal reference, commenting on your personal qualities and role in the wider community. Please note that only short-listed candidates will be required to ask their referees to submit a reference and they will be advised of this by the end of February. (Referees will need to be able to submit their reference by 4 March).			
1.	Title and Full Name of Referee:			
	Position Held:			
	Organisation/Institution:			
	Mailing Address:			
	Telephone:			
	Email Address:			
	Area(s) of work with which the referee is familiar:			
2.	Title and Full Name of Referee:			
	Position Held:			
	Organisation/Institution:			
	Mailing Address:			
	Telephone:			
	Email Address:			
	Area(s) of work with which the referee is familiar:			

Please attach a statement of no more than four typed A4 pages. Your Statement of Purpose should include relevant details of your background (including community and recreational interests and, if relevant, career to date), your personal and professional philosophies, your aspirations and future career plans, your financial background and current situation and how

Statement of Purpose

Future Career	
Please write up to 250 words on what you plan to do after you graduate from PGSD?	