

Application for TNA Scholarship Education Funding

2010 Deadlines: 8th February & 9th August 2010

Full Name: _____

Membership Number: _____ Length of membership: _____

Address: _____

_____ State: _____ PC: _____

Hospital: _____ Speciality: _____

Phone Work: _____ Home: _____ Fax: _____

Email Address: _____

Have you been awarded a TNA Scholarship in the last 2 years? Yes No

Have you approached other organisations for funding assistance in relation to this request?

If so give details. Yes No

Please Indicate What Type of Financial Support is required:

TNA Conference Attendance:
If applying for TNA Conference Attendance, applicants who are presenting a paper or poster will be given preference. A copy of the abstract must be attached.

Other Conference Attendance – Please Specify what, when and where:
Those presenting will be given preference. A copy of the abstract must be attached.

Other: (specify on another page)

Please indicate the amount of funding requested:

- Conference attendance
- Airfare
- Accommodation
- Other (*give details*)
- **Total Amount**

Please attach to this application a copy, if applicable, any of the following

- Conference program
- Travel itinerary
- Estimated cost of flights
- Estimated cost of accommodation
- Estimated cost of equipment or relevant research tools
- **Ensure that all information is attached. Your application will not be processed until it is complete.**

NB: You will be required to make a contribution to the TNA Membership in the form of a conference report, journal article or state branch presentation on receipt of funding.

Signature of Applicant _____

Date: _____

Please return this form/s to
Ms Libby John
Liver Transplant Unit
Flinders Medical Centre
Bedford Park, 5042
South Australia,
Fax: (08) 8204 6959
libby.john@health.sa.gov.au

OFFICE USE ONLY

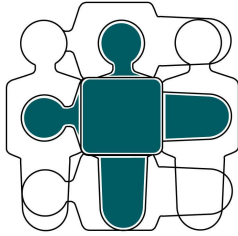
Funding given: Yes No
Amount: _____

If no, why? _____

Letter sent: _____

Required contribution: _____ Date : _____

Report Received: Yes No Date Received: _____
Scholarship Contract Received: Yes No Date Received: _____



TNA Education Funding Scholarship Contract

(To be completed on notification of award)

I agree to abide by the condition/ s set out by the Transplant Nurses' Association Inc. and as specified in the Scholarship Application Guidelines.

I will forfeit the scholarship and return all monies if I fail to comply with the condition/s of acceptance.

Award Recipient:

.....

(Print Name)

.....

Signature:

.....

Date:

Witness:

.....

(Print Name)

.....

Signature

.....

Date: