

PIPFRUIT NZ RESEARCH FELLOWSHIP

APPLICATION FORM

Please print clearly

1.	Full Name (Mr, Mrs, Miss, Ms)
2.	Address for all correspondence: Telephone(s):
3.	Permanent home address (<i>if different to 2.</i>): Telephone(s):
4.	Nationality and / or citizenship: If not a New Zealander are you on a student permit? (<i>If not on a student permit give details of residential status</i>)
5.	Date and place of birth:
6.	Marital status: Number and age(s) of dependant(s):
7.	Academic record (<i>indicate institution, years attended, degree, diploma or certificate gained, attach details including subjects, papers and grades, diploma or certificate. Please attach the official academic record as issued by your university</i>)
8.	Academic prizes or distinctions received (<i>exclude school awards, but include entrance awards</i>)

9. Publications and theses successfully submitted for degree (<i>give titles, degree related to and dates</i>)
10. Present occupation or employment and previous appointments (<i>if student give particulars of degree and expected date of examination/thesis result</i>)
11. Details and dates of study outside your own country
12. Title of proposed research project:
13. Description of proposed research project (<i>attach details of the research project on which you propose to work during the tenure of the fellowship. Include a brief assessment of the benefits which would accrue to the New Zealand pipfruit industry. Use A4 pages, typed, allowing for a 6 cm margin. The Fellowship Committee requires this section particularly to be prepared and completed by the applicant.</i>)
14. At which University do you intend to study? University: Department: Head of Department:
15. Who will be your supervisor(s)? <i>Please provide names, phone numbers and email addresses</i>
16. Proposed date of commencement:

17. What are your plans on completion of your Fellowship?
18. Referees (<i>Provide names and addresses of two referees who can forward their testimonials to the Technical Manager at the address given below by November 30.</i>)

19. Approval of Application (*This application will not be accepted by the Fellowship Committee unless it is approved by Head of Department and Supervisor(s).*) Please provide

We, the undersigned, have sighted and hereby approve of this Application.

Signature -----

Name _____

Head of Department

Supervisor

Supervisor

20. Endorsement by applicant (Please sign to endorse this application)

Signature ----- Date: -----

The application must reach:

The Technical Manager, Pipfruit NZ Inc., PO Box 11094, Hastings, New Zealand, by November 30.

Please secure all additional pages with a paperclip. Do not bind or staple the papers.