



CXS Top Up Scholarship Application

Contact Information

Name	
Street Address	
Post Code	
Home Phone	
Work Phone	
Email Address	
CXS Program Team in which research will be conducted	
Course of Study	
Tertiary Institution you are enrolled	
Expected End Date	

Description of Research Project

(Description to be 1/2 page maximum)

Provide a brief description of the project and note any publications and relevant research track record.

Description of the Steps Taken to further your Career

Explain the activities and how each activity has assisted in furthering your career.

[Empty text box for describing career steps]

Primary Supervisor's Letter of Support

(This section to be completed by supervisor)

Supervisor's Name	
Appointment	
Institution	
Date	
Signature	

Please provide a brief letter of support for the applicant

Applicant's Agreement and Signature

By submitting this application, I affirm that the facts set forth in this document are true and complete. I understand that if I am accepted for a CXS Top Up Scholarship 2011, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate withdrawal of my application and I may be subject to disciplinary action.

Name (printed)	
Signature	
Date	

Return this Application to:

Ms Tania Smith
Chief Operating Officer
ARC Centre of Excellence for Coherent X-ray Science
University of Melbourne
School of Physics
Parkville VIC 3010
cxsenquiries@unimelb.edu.au

TEL: 03 8344 7403

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Application Approved/Not Approved	
Authorized Approvers Signature	
Amount Approved	
Reimbursement to Student (name)	
Account Code	