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**Postgraduate Student Bursary Application Form**

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| Paper title |  |
| Session title |  |
| Abstract  |  |

Your name and contact details:

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| --- | --- |
| Title |  |
| Full Name |  |
| Address for Correspondence |  |
| City/ State/Region/ |  |
| Country / Postcode |  |
| Degree and Institution |  |
| Current Affiliation |  |
| AAANZ Member # |  |
| Email |  |
| Telephone/Mobile |  |

By completing and signing this form you are agreeing that you are eligible to be considered for one of 10 student bursaries for the 2016 AAANZ conference. Applications will be considered and awarded by a panel at the SOA, ANU and awarded applicants will be notified after the AAANZ conference program has been finalised. You acknowledge that the decisions of the panel will be final and no appeals to that decision will be entered into.

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| Signature | Date |