

## Flinders Health and Medical Research Institute Summer Research Scholarship 2025-2026 Application Form

This scholarship is available to undergraduate students who are participating in a research project at Flinders University over the 2025-2026 summer vacation. Please read the information published on our website to ensure that you are eligible to apply before completing the application.

**Please send your completed application form and attachments to [cmph.research@flinders.edu.au](mailto:cmph.research@flinders.edu.au)**

<b>Personal Details</b>		<b>Student ID Number:</b>	
<b>Title:</b>	<b>Family Name:</b>	<b>Given Name(s):</b>	
<b>Permanent Home Address:</b>			
	<b>State:</b>	<b>Post Code:</b>	<b>Ph:</b>
<b>Semester Postal Address:</b>			
	<b>State:</b>	<b>Post Code:</b>	<b>Ph:</b>
<b>Email Address:</b>		<b>Mobile Number:</b>	
<b>Date of Birth:</b>		<b>Gender :</b> M <input type="checkbox"/> F <input type="checkbox"/> Other                      Prefer not to say	
<b>Are you:</b> An Australian citizen An Australian Permanent Resident Other ( <i>see below</i> ) If you are not an Australian Citizen or permanent resident of Australia, do you have a current visa that extends beyond the end of February 2026?    Yes                      No			
Visa Subclass:		Passport Number:	
<b>Country of Birth:</b>		<b>Language(s) Spoken at Home:</b>	
<b>Do you identify yourself as:</b> Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander Neither Aboriginal OR Torres Strait Islander			

## University Study Details

**At which institution are you currently studying your undergraduate course of study?** *If you are not currently a Flinders University student, you will need to attach a copy of your academic transcript to this application.*

**What is the name of your degree?**

**Which year of undergraduate study were you undertaking in 2025?**(e.g. Year 3)

**Have you or do you intend to apply for a course of study at Flinders University in 2026 (if applicable)?** ☐ Yes ☐ No

- If 'Yes', please provide details:

**Please give a brief outline (one or two sentences) of why you wish to participate in a research project at Flinders University.**

**Name of project or topic area you are interested in**

**Name of proposed Supervisor**

You will need to make contact with a Flinders University Supervisor before submitting an application for FHMRI/CMPH Summer Research Award. Please attach email confirmation from your proposed supervisor that they are willing to supervise you for their project, including agreed start date and duration (in weeks).

## Declaration

- I declare that the information supplied by me in my application, and any attachments (including academic transcript if you are not currently a Flinders University student), is complete, true and correct in every particular.
- I acknowledge that the submission of incorrect information relating to my application may result in the withdrawal of any offer of award, and that this withdrawal may take place at any time during my project.
- I authorise Flinders University to obtain relevant information about me to support this application from educational and other sources as required.

*Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).*

Signature of Applicant:

Date:

Information provided by applicants is treated as confidential according to the University Policy on Access to Student Information.