

**SOROPTIMIST INTERNATIONAL OF ADELAIDE INC**

**THE OLIVE JOHNSTON TRAVEL AWARD**

 **GUIDELINES**

Each applicant is asked to complete her application form as attached and **to send one hard copy by post and one copy by email to siadelaide@siswp.org**

Eligibility

1. The female applicant/s must be at least 18 years of age at the time of making application and a resident of South Australia.
2. The Travel Award will only be granted for **forward projects**. Applications can not be made for travel that has already occurred.
3. The Travel Award cannot be given twice to the same person, but previously unsuccessful candidates are encouraged to re-apply.

Applications & Selection

1. Applicants must apply before July 31srt of each year to be considered for that years Travel Award.
2. Receipt of applications will generally be acknowledged within one month.
3. The project, for which the Travel Award application is made, must be for travel to a meeting, seminar, symposium or conference, either in Australia or overseas, as part of a tertiary course of study. The travel must be to further her studies and/or research. The Selection Committee will consider the extent to which the proposed travel will enhance work in the chosen field.
4. The applicant/s may be requested to provide further information and/or a breakdown of the anticipated expenses associated with the travel.

1. The Selection Committee may, at its discretion, interview candidates for the Award.
2. The selection committee may, at its discretion, dispense with any aspect of the eligibility criteria. The decision of the Selection Committee is final. However, the applicant/s will be given feedback if requested.

Conditions of Travel Award

1. The Award is conditional on the recipient presenting a written report within six months of returning from the travel, and the recipient must also speak at a meeting of Soroptimist International of Adelaide Inc.
2. The Travel Award will be of a monetary sum of up to $1000, or such lesser amount as determined by the Selection Committee, and will be awarded by 1 September 2024. The winner of the award will also win a one year membership to Soroptimist International Adelaide Inc.
3. The successful applicant is asked to publicly acknowledge Soroptimist International of Adelaide Inc. as the donor of the Award whenever possible.

**PLEASE RETAIN A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS.**



**SOROPTIMIST INTERNATIONAL OF ADELAIDE INC**

**THE OLIVE JOHNSTON TRAVEL AWARD**

**APPLICATION FORM**

**Family Name:** .Ms/Miss/Mrs/Other**:** ……………………………………………………………………

**Given Names:** …………………………………………………**Date of Birth:** …………………………..

**Address:** ……………………………………….…………………………………………………………….

…………………………………………………………………….**Postcode**……………………………….

**Telephone: H**….……..………………**B**………………………… **Mob** ………………………………….

**Email:** …………………………………………………………………….. **Fax**……………………………

**Current studies:……………………………………………………………………………………………..**

**Location:……………………………………………………………………………………………………..**

**Project Title:** ……………………………………………………………………………………………….

**Duration of Project** ……………………………………………………………………………….............

**Travel involved** ……………………………………………………………………………………………

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Amount of financial and/or other equivalent support available from other sources………………….

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I understand that there is a requirement for me to present a written report within 6 months of my return and for me to speak at a meeting of Soroptimist International of Adelaide Inc.

I hereby give sole permission for Soroptimist International of Adelaide Inc to use my name, photo and project title for Soroptimist publicity, including the siswp.org website.

**Signature of Applicant** …………………………..………………………**Date** ………………………..

**Referees:** 1. Name …………………………………………………………………………………

 Address .............................................................................................................

 Telephone …………..…………………..Mob ……………………………………..

 Email …………………………………… Fax ………………………………………

**Statement from referee/s:** (university lecturer or supervisor/workplace manager/

volunteer co -ordinator or similar**, to sign in person…not electronically/photocopied/scanned**)

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**Signed:**……………………………………………………………………………………………………..

 2. Name ………………………………………………………………………………..

 Address ...........................................................................................................

 Telephone …………..…………………. Mob …………………………………….

 Email …………………………………… Fax………………………………………

**Statement from referee**:…………………………………………………………………………………..

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**Signed:**………………………………………………………………………………………………………

Please describe, in the space provided, how the Travel Award will be used.

Include a statement on how you would make use of the training and/or experience, to benefit your own personal development and the community.

Please provide relevant biographical information (previous 5 years).

Font: 11pt …single line spacing.

**Email your completed application to:**

siadelaide@siswp.org

 