

Application for TNA Scholarship Education Funding

Name: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Phone: (W) _____ Mobile/Home: _____

Email: _____

Hospital: _____ Position Held: _____

Have you been awarded a TNA Scholarship in the last 2 years?

- Yes No

Have you approached other organisations for funding assistance in relation to this request

- Yes No

If so please provide details:

Please indicate what type of financial support is required:

- TNA Conference Attendance:**

(If applying for TNA Conference Attendance, applicants who are presenting a paper or poster will be given preference. A copy of the abstract must be attached)

- Other Conference Attendance- Please specify what , when and where:**

(those presenting will be given preference. A copy of the abstract must be attached)

- Other: (specify on another page)**

Please indicate the amount of funding requested:

Conference Attendance	<input type="text"/>
Airfare	<input type="text"/>
Accommodation	<input type="text"/>
Other (give Details)	<input type="text"/>
Total	<input type="text"/>

Please attach a copy of any of the following:

- Conference program
- Travel Itinerary
- Estimated cost of flights
- Estimated cost of accommodation
- Estimated cost of equipment or relevant research tools
- **Ensure that all information is attached. Your application will not be processed until it is complete**

NB: You will be required to make a contribution to the TNA Membership in the form of a conference report or journal on receipt of funding.

Signature of Applicant: _____

Date: _____

Please email this form and all attachments to Christine Ellis on
secretary@tna.asn.au

OFFICE USE ONLY

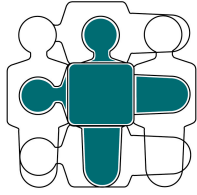
Funding given: Yes No Amount: _____

If no, why? _____

Letter sent: _____

Report Received: Yes No Date Received: _____

Scholarship Contract Received: Yes No Date Received: _____



TNA Education Funding Scholarship Contract

To be completed on notification of award.

I _____ agree to abide by the condition/s set out by the Transplant Nurses' Association Inc. and as specified in the Scholarship Application Guidelines.

I will forfeit the scholarship and return all monies if I fail to comply with the condition/s of

Award Recipient:

Witness:

(print name)

(print name)

Signature

Signature

Date

Date