



Application for TNA Scholarship Education Funding

Name: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____ Country: _____

Phone: (W) Mobile/Home: _____

Email: _____

Hospital: _____

Position: _____

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:

(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: _____

Airfare: _____

Accommodation: _____

Other (give Details): _____

Total: _____

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 the TNA Board of Directors:

info@transplantnurses.org.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: _____