



The AW Howard Memorial Trust Inc

Application For Travel Grant To Attend An Overseas Congress Or Undertake An Overseas Study Tour

1. NAME OF CONGRESS OR SUMMARY STATEMENT OF TOUR

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2. NAME OF APPLICANT

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3. ADDRESS

.....
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4. TELEPHONE NUMBER

.....

5. MOBILE NUMBER

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6. FACSIMILE NUMBER

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7. E-MAIL ADDRESS

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8. DATE OF BIRTH

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9. NATIONALITY

.....

10. NAME OF EMPLOYER OR STUDY INSTITUTION

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11. PRESENT POSITION (GIVE BRIEF ACCOUNT OF YOUR WORK)

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12. EDUCATIONAL QUALIFICATIONS

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13. (A) IF CONGRESS, INDICATE TITLE OF PAPER SUBMITTED FOR INCLUSION IN CONGRESS PROGRAM

Title:

.....

Acceptance Status:

(B) IF STUDY TOUR, INDICATE FULL DETAILS OF PROPOSED ITINERARY AS AN ATTACHMENT

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14. FINANCIAL STATEMENT

(A) TOTAL SUM SOUGHT AS A GRANT? (ITEMISE ON ATTACHED BUDGET SHEET)

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(B) CAN YOUR EMPLOYER/INSTITUTION ASSIST, AND IF SO, TO WHAT EXTENT?

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(C) HAVE YOU APPLIED, OR DO YOU INTEND TO APPLY, TO ANY OTHER SOURCES FOR FINANCIAL SUPPORT? PLEASE NAME THEM AND INDICATE THE AMOUNT OF GRANT SOUGHT/APPROVED.

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15. PREVIOUS TRAVEL (NATIONAL AND INTERNATIONAL CONFERENCES)

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16. HAVE YOU PREVIOUSLY BEEN AWARDED A GRANT BY THE A W HOWARD MEMORIAL TRUST?

If so, when?

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17. SHOULD YOU BE AWARDED A GRANT LIST BENEFITS TO:

(1) You the applicant

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(2) Your organisation/institution

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(3) Industry (with particular reference to PASTURES)

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18. ADDITIONAL INFORMATION WHICH YOU FEEL WOULD ASSIST IN THE CONSIDERATION OF YOUR APPLICATION

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19. THE APPLICANT IS REQUIRED TO ARRANGE FOR TWO CONFIDENTIAL REFEREE REPORTS TO BE FORWARDED DIRECT TO THE SECRETARY OF THE TRUST, BY REFEREES WHO ARE ACQUAINTED WITH HIS/HER EXPERIENCE AND PRESENT STANDING. IT IS THE RESPONSIBILITY OF APPLICANTS TO ENSURE THAT THE REFEREES ARE ABLE TO SUPPLY THE REFERENCES TO THE SECRETARY, BEFORE THE CLOSING DATE OF APPLICATIONS. REFEREE REPORTS NOT RECEIVED BY THE CLOSING DATE WILL JEOPARDISE THE APPLICATION.

(1) Referees Name
Designation
Address
.....
Telephone Number
E-mail

(2) Referee's Name
Designation
Address
.....
Telephone Number.....
E-mail

20. PLEASE INDICATE WHEN YOU EXPECT TO LEAVE AUSTRALIA IF YOUR APPLICATION IS SUCCESSFUL
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21. SUCCESSFUL APPLICANTS ARE REQUIRED TO PROVIDE A SUMMARY SUITABLE FOR PUBLICATION BY THE JOURNAL OF THE AUSTRALIAN INSTITUTE OF AGRICULTURAL SCIENCES AND TECHNOLOGY AND FULL REPORT ON THEIR STUDY TOUR/ CONGRESS WITHIN 2 MONTHS OF COMPLETION OF THEIR TRIP

22. DATE APPLICATION SUBMITTED TO:

The Executive Secretary
A W Howard Memorial Trust Inc
C/- South Australian Research and Development Institute (SARDI)
GPO Box 397
ADELAIDE SA 5001

SIGNATURE OF APPLICANT DATE

NAME/SIGNATURE OF SUPERVISOR
(if Post-graduate student) DATE

IF YOU RECEIVE A GRANT THE TRUST WILL PAY THE FUNDS TO YOUR ORGANISATION/INSTITUTION ON RECEIPT OF NECESSARY DETAILS.

POST-GRADUATE STUDENTS MUST PROVIDE PROOF OF ENROLMENT.

ATTACHMENT: ITEMISED/JUSTIFIED BUDGET

The A W Howard Memorial Trust Inc

NAME OF APPLICANT

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ITEMISED/JUSTIFIED BUDGET REQUESTED FROM AW HOWARD MEMORIAL TRUST

ITEM	AMOUNT REQUESTED (\$A)
1. AIRFARES
2. OTHER FARES (taxi, etc)
3. ACCOMMODATION
4. LIVING EXPENSES
5. CONFERENCE FEES
6. OTHER (PLEASE SPECIFY)
TOTAL REQUEST \$

JUSTIFICATION (Briefly justify the nature and quantum of each of the budget items requested)

AIRFARES:.....

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OTHER FARES: (taxi etc)

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ACCOMMODATION:.....

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LIVING EXPENSES:.....

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CONFERENCE FEES:.....

.....

OTHER (PLEASE SPECIFY):.....

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