



New Zealand  
**MICROBIOLOGICAL**  
Society, Inc.



## **NZMS – ASM POSTGRADUATE TRAVEL GRANT APPLICATION FORM**

### **GENERAL INSTRUCTIONS**

- All applications should be typed.
- All attachments should be on separate pages within one document file. Please include the applicant name at the top of **each** sheet of your application.
- Please limit the length of each attachment as requested in the instructions below.
- Please do not include any additional (not requested) materials in your application.
- No incomplete applications will be forwarded to the Selection Committee.
- No applications received after the application deadline date will be forwarded to the Selection Committee.

Applications should be emailed to the NZMS secretary: [secretary@nzms.org.nz](mailto:secretary@nzms.org.nz)

Signed originals of all requested letters and documents should be available on request.

# NZMS – ASM POSTGRADUATE TRAVEL GRANT APPLICATION FORM

## APPLICATION COMPONENT CHECKLIST

### **Applicant**

- Student Application Form: student information
- Australian host scientist Application Form: information on Australian host scientist
- Attachment 1. CV - Please submit your CV prepared in English. **Please limit your CV to five pages.**
- Attachment 2. Synopsis of Student Research - Describe any prior research experience(s) as a graduate or undergraduate student. List any publications or presentations as a result of your research. Describe the potential collaboration with your host. How will the visit to the host laboratory benefit you, your institution? How will you integrate any work done at the host laboratory into your research? **Please limit your response to two pages.**
- Attachment 3. Evidence of Collaboration - Provide evidence of active or emerging research between your PhD supervisor and the research group to be visited in Australia. Such evidence may include joint grants, joint publications, or a statement from your PhD supervisor that joint research opportunities are emerging.

### **Letters:**

- Letter of invitation from the host scientist agreeing to your visit on specific dates.

# NZMS – ASM POSTGRADUATE TRAVEL GRANT APPLICATION FORM

## APPLICATION FORM – STUDENT INFORMATION – PAGE 1 OF 1

All responses and written summaries must be **typed** and provided in English. Please limit your response to the space indicated in the instructions. Please include the attachment number and your name at the top of all pages.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Department: \_\_\_\_\_

Postgraduate Supervisor: \_\_\_\_\_

Organization or institution: \_\_\_\_\_

Organization or institution Mailing Address: \_\_\_\_\_

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Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Postgraduate student: Yes/No

NZMS Member: Yes/No

**I certify that the information provided for this application is correct to the best of my knowledge, and that I have not intentionally submitted any false information.  
(Submission of false information is grounds for withdrawal of any awarded Grant)**

**Signature:** \_\_\_\_\_

# NZMS – ASM POSTGRADUATE TRAVEL GRANT APPLICATION FORM

## APPLICATION FORM – AUSTRALIA HOST SCIENTIST INFORMATION

Please provide typewritten responses for each question.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Current position: \_\_\_\_\_

Department: \_\_\_\_\_

Organization or institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_