

**FLOREY MEDICAL RESEARCH FOUNDATION  
Project Grant in Cancer Research for PhD students**

Name of Applicant

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Email

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Date of enrolment in postgraduate research at the University of Adelaide

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Enrolled in (Name of School or Discipline)

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Are you undertaking research in a University Research Institute or University Research Centre?  
Please confirm the name of the Institute or Centre.

Supervisor Name:

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Supervisor Contact Details:

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Title of Research Project:

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Scholarship type (please circle)

APA

AGRS

IPRS

ASI

Year awarded

Other Merit based  
Scholarship?

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**Details of your research project or proposed research project (no more than 200 words)**

.....  
Signature of Applicant

.....  
Date

**Budget proposal (please indicate estimated breakdown of expenditure)**

**How would the grant benefit your PhD project?**

**Current available financial support for the PhD project**

**Supervisor to provide ½ page written justification for their student nomination.**

<p>.....</p> <p>.....</p> <p>(please print)</p> <p>Signature and Name of Supervisor</p>	<p>.....</p> <p>Date</p>
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The Florey Medical Research Foundation's Cancer Research Project Grant for PhD students application form and your CV should be submitted electronically to Catriona Neil-Dwyer, **Florey Medical Research Foundation**, [catriona.neil-dwyer@adelaide.edu.au](mailto:catriona.neil-dwyer@adelaide.edu.au) by **Tuesday 31 March 2015**.