



**The Barbara Lester Scholarship Fund**

**APPLICATION FORM**

- **Please fill out this form and attach your curriculum vitae demonstrating a commitment to neuroscience.**
- **Nurses must attach a copy of their annual registration payment (Authority to Practice notice).**
- **The successful applicant will be paid retrospectively on receipt of tax invoices or payment receipts.**

**1. Applicants Details**

Name \_\_\_\_\_

Address for correspondence (home address preferred) \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**2. Approval is sought to present at or facilitate a workshop/breakout session at**

Interstate Conference

International Conference

Local/Instate Conference

Other  (Please specify)

\_\_\_\_\_

**3. Type of presentation being facilitated**

Verbal presentation   
Abstract accepted \*

Poster presentation   
Abstract accepted \*

\* Include abstract + acceptance letter with application

Workshop/Breakout session

(Include confirmation letter or copy of conference program demonstrating involvement with application)

**4. Conference Details (please include copy of program):**

Title of Conference \_\_\_\_\_

Venue \_\_\_\_\_

Dates \_\_\_\_\_ Duration (days) \_\_\_\_\_

**5. Level of support requested**

|                               |    |
|-------------------------------|----|
| Conference Registration Fee   | \$ |
| Travel Cost (e.g. airfare)    | \$ |
| Accommodation Cost            | \$ |
| Other expenditure             | \$ |
| <b>Total Amount Requested</b> | \$ |
|                               |    |
| Applicant own contribution    | \$ |

**6. Have you applied for funding from ANNA before?**

No  Yes

If yes, amount and year received \_\_\_\_\_

**7. Have you applied for funding from any other funding bodies for this conference?**

No  Yes

If yes, Name of Funding Body \_\_\_\_\_  
Amount applied for/received \_\_\_\_\_

(Amount provided may be adjusted where funding is being received from another source for the same purpose)

**8. Proof of Employment**

Name of Hospital/Facility \_\_\_\_\_

Length of Employment with present employer \_\_\_\_\_

Position held \_\_\_\_\_

Length of time in current position \_\_\_\_\_

**9. Objectives**

Please state your objectives (minimum of three) of the conference:

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**10. Declaration**

**I declare that the information I have provided in this application is, to the best of my knowledge, true and accurate. In signing this application I agree to fulfil the requirements set out in the Barbara Lester Scholarship Information Sheet, as determined by the ANNA Executive, which I have read prior to completing this application.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_