

THE LINNEAN SOCIETY OF NEW SOUTH WALES



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WILLIAM MACLEAY SCIENTIFIC RESEARCH FUND APPLICATION FORM

Send completed application to The Secretary.				
Title:				
Name in full:				
Residential Address:				
Postal Address:				
Telephone [home]: () [business hours]: () [mobile]:				
E-mail:				
Member of Linnean Society of NSW?				
Occupation & academic qualifications:				
Relevant research experience & publications:				
Supervisor/Collaborator (if any):				
Names, addresses & telephone numbers of two referees:				
[1]				
[2]				

Title of Project:				
Aims, outline, expected outcomes & duration of proposed research:				
Amount requested from W. Mac	cleay Microbiology F	und:		
Other research grants currently		for:		
Institutional support for project	:			
I hereby apply for a William Ma following conditions: i) To apply to the project descrii) To acknowledge said grant ir	cleay Microbiology S ibed above any grant n any relevant public		d agree to the	
SIGNATURE OF APPLICANT:		DAT	E:	
If applicant is a student: The applicant will be carrying or	ıt the above research	n project under my supervision.		
SIGNATURE OF SUPERVISOR:		DAT:	E:	
This typed application form must be concerned and publication list may be		tail to provide a "stand alone" proposal. itional information.		
		e Secretary of the Society at the address bapplications for emergency support may b		
-OFFICE USE ONLY-	20	Application (NT CC 1	22	
Application Received	20	Applicant Notified	20	