**THE LINNEAN SOCIETY**

**OF NEW SOUTH WALES**

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Tel: 0490 542 524

ABN: 66 095 659 447

William Macleay Scientific Research Fund

Application Form

Title ........................

Name in full ........................................................................................................................................................

Residential Address ............................................................................................................................................

.............................................................................................................................................................................

Postal Address .................................................................................................................................................... .............................................................................................................................................................................

Telephone [home] (.....) ......................... [business hours] (.....) ........................ [mobile] .................................

E-mail ..................................................................................................................................................................

Member of Linnean Society of NSW? ..........

Occupation & academic qualifications ...............................................................................................................

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Relevant research experience & publications ....................................................................................................

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Supervisor/Collaborator (if any) .........................................................................................................................

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Names, addresses & telephone numbers of two referees:

[1] ......................................................................................................................................................................

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[2] ......................................................................................................................................................................

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Title of Project ....................................................................................................................................................

Project summary (maximum 200 words) ...........................................................................................................

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**Please attach project details to the end of this application form. Include aims, outline, expected outcomes, budget & duration of proposed research.**

Primary use for requested funds ........................................................................................................................

Amount requested from W. Macleay Fund ..........................................

Other research grants currently held and/or applied for ...................................................................................

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Institutional support for project .........................................................................................................................

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I hereby apply for a W. Macleay Scientific Research Fund Grant and agree to the following conditions:

i) To apply to the project described above any grant monies that are awarded;

ii) To acknowledge said grant in any relevant publication;

iii) To provide a progress report on the project to the Society within 12 months of the grant being awarded.

SIGNATURE OF APPLICANT ........................................................................................DATE ...............................

If applicant is a student:

The applicant will be carrying out the above research project under my supervision.

SIGNATURE OF SUPERVISOR ........................................................................................DATE ...............................

NAME OF SUPERVISOR: ……………………………………………………………………………………….

Completed and e-signed applications should be emailed to the Secretary at secretary@linneansocietynsw.org.au

The closing date for applications is March 1.

-OFFICE USE ONLY-

Application Received ................................................................................ 20 .................... Applicant Notified ............................................................................ 20 ....................