

Application for SCANZ “1987” Maslen Scholarship

Name	
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Address	
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E-mail	SCANZ Member?	
	Yes / No	

Gender (to ensure diversity, leave blank if prefer not to say)	
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University		Degree	
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Supervisor(s):	SCANZ Member?	
	Yes / No	

Date Commenced Post Graduate Studies (if student)		Anticipated Completion Date	
ECRs – Date of PhD award			
ECRs – Any relevant career interruptions			
Area of Research			

Abstract Title	
Previous SCANZ Maslen Support	

Previous SCANZ/AsCA/IUCr Meetings Attended	
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I have attached a copy of the abstract of the paper I will present at IUCr2023.
 I certify that the above facts are correct and agree to provide a written report to SCANZ within 30 days of the end of the conference. I agree to act as a volunteer to assist at the congress if successful in this application.

Signed.....

Date.....