



THE SOUTH AFRICAN MEDICAL ASSOCIATION

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SAMA PhD Supplementary Scholarship – Application Form

You must have been granted admission to the PhD programme to make an application on this form. Applicants who do not supply the required documentation by the due date will not be considered.

1. Applicants Contact Details

First Name

Surname

ID number & Student Number

Street Address

Suburb

City

Postal Address

Telephone

Cell phone

Email

Note: You will be contacted by email, so please ensure your address is correct.

2. Academic Qualification *List all undergraduate and postgraduate studies and attach certified copies.*

Degree or professional qualification	Institution	Place and country	Years attended	
			From	To

3. Research Proposal

University

Supervisors

Title of research

Attach a brief summary of your current research proposal and methodology



4. Achievements

List any scholarships or distinctions currently held

List the titles of any theses submitted for any degree

List any publications

Attach a brief Curriculum Vitae (two pages)

5. Academic referees—confidential reports

- Up to two reports are required from referees who are able to evaluate your academic ability and research potential.
- Advise your referees of the relevant closing date for your scholarship application (20 October 2015).
- Reports must be sent directly to the Bursary Committee (Att: K Pienaar, PO Box 74789, Lynnwood Ridge, 0040 or email: karlienp@samedical.org).

6. Disclosure of information

I consent to:

- The publication of my name and details of any scholarship which I may be awarded, together with any optional personal information which I may provide for this purpose.
- The disclosure of relevant information to sponsors of such scholarships.
- SAMA undertakes to store your application in a secure place in the event that you are successful in gaining an award or are selected as a reserve candidate for an award, and to destroy your application to preserve its confidentiality in the event that you are unsuccessful in gaining an award.
- Should you have reason to believe that information held about you in your application is incorrect, you have the right of access to, and correction of, that information.

I agree to the above conditions in respect of this scholarship application.

Name:

Signed:

Date: