

CXS Vacation Scholarship Application

Contact Information	
Name	
Date of Birth	
Street Address	
City Post Code	
Home Phone	
Work Phone	
E-Mail Address	
CXS Project of Interest	
Project Title	
University/Institution	
Current Course of Study Undertaken	
Particular Interests	
Briefly outline the areas you are interested in.	
Academic Qualification	
Please outline your academic qualifications which you believe demonstrate your suitability for project.	r this

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Cover letter outlining your request Current academic transcript Proof of residency or study visa details

Agreement and Signature

By submitting this CXS Vacation Scholarship application, I affirm that the facts set forth in this document are true and complete. I understand that if I am accepted for a CXS project I will be subject to the enrolment rules and qualification criteria of the university or institution at which the CXS Vacation Scholarship project is based. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate withdrawal of this application.

Name (printed)	
Signature	
Date	

Return this Application to:

Ms Tania Smith
Chief Operating Officer
ARC Centre of Excellence for Coherent X-ray Science
University of Melbourne
School of Physics
Parkville VIC 3010
cxsenguiries@unimelb.edu.au

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