



## CXS Top Up Scholarship Application

### Contact Information

Name	
Street Address	
Post Code	
Home Phone	
Work Phone	
Email Address	
CXS Program Team in which research will be conducted	
Course of Study	
Tertiary Institution you are enrolled	
Expected End Date	

### Description of Research Project (Description to be 1/2 page maximum)

Provide a brief description of the project and note any publications and relevant research track record.

**Description of the Steps Taken to further your Career**

Explain the activities and how each activity has assisted in furthering your career.

[Empty text box for describing career steps]

**Past CXS Participation**

**(This section will be verified against attendance records)**

Outline CXS events, workshops, meetings etc. you have participated in since becoming a member of CXS.

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**Primary Supervisor's Letter of Support**

**(This section to be completed by supervisor)**

Please provide a brief letter of support for the applicant

Supervisor's Name	
Appointment	
Institution	
Date	
Signature	

### CXS Program Group Leader's Agreement and Signature

By signing this application you affirm that you support this student's application for a CXS Top Up Scholarship.

Name (printed)	
Signature	
Date	

### Applicant's Agreement and Signature

By submitting this 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 Top Up Scholarship 2013, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate withdrawal of my application and I may be subject to disciplinary action.

Name (printed)	
Signature	
Date	

### Application Check List

Please ensure you have done the following before submitting your application. Incomplete applications will not be considered.

- You have answered each question on the application
- You have attached your academic transcript
- You have attached all other supporting documentation
- You have the signature of your Supervisor
- You have the signature of your Group Leader

### 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  
[kathy.alleblas@unimelb.edu.au](mailto:kathy.alleblas@unimelb.edu.au)

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