

<b>AMS Scholarship Application Form</b>	
<b>Applicant Details</b>	
Title:	
First/Given Name(s):	
Last/Family Name(s):	
Date of Birth (dd-mm-yy):	
<b>Contact Details</b>	
Address:	
Phone:	
Mobile:	
Email:	
<b>Education details</b>	
Existing qualifications:	
Current enrolment/training:	
Institution/Organisation:	
<b>Supervisor/Referee Details</b>	
Name:	
Institution/Organisation:	
Position:	
Phone:	
<b>Abstract</b>	
Abstract title	
Submitted	Yes / No

By signing this application, the applicant agrees and understands the following terms:

- A reference from your supervisor or nominated referee is attached;
- Travel, accommodation or other expenses are not included in the scholarship;
- All the information provided in this application is truthful and accurate at the time of submission;
- The applicant is obliged to keep the AMS informed about any changes concerning this application in a timely manner;
- The applicant gives permission to obtain any information required to substantiate this application; and
- The applicant agrees for AMS to publish their name as an AMS 2019 Congress Scholar if successful.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_