



# Course scholarship application form

Please complete this application form and return it, together with a one page CV to the address at the bottom of this form.

## YOUR DETAILS

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

## YOUR POSITION

Present position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Department (if applicable): \_\_\_\_\_  
Year of study (if applicable): \_\_\_\_\_  
Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ABOUT THIS COURSE

**Please explain why you wish to attend this course: how will attendance at this course benefit you?**  
(If you need more space for your answer please continue on a separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## YOUR COSTS

Expected travel costs: £  \*Other costs: £

\*please specify them here: \_\_\_\_\_

Please return your completed application and a one page CV to:

The Society for Applied Microbiology, Bedford Heights, Brickhill Drive, Bedford MK41 7PH  
Tel: +44 (0)1234 326661. Fax: +44 (0)1234 326678. Email: julie@sfam.org.uk