**2019-20 JOCELYN HUGHES MALARIA AND TRAVEL GRANT APPLICATION FORM**

*Please tick the following before completing the application form:*

[ ] I am a full-time registered student at LSHTM in the 2019-20 academic year

[ ] I enclose my fully costed budget plan and justification

[ ] I enclose a supporting statement from my Project Supervisor (Part 2)

[ ] I enclose my project outline

*Please note that your application will not be processed further if you have not fulfilled the above.*

|  |  |
| --- | --- |
| **Student ID Number:**  | Click or tap here to enter text. |
| **Programme of Study**: | Click or tap here to enter text. |
| **First Name/s:** | Click or tap here to enter text. |
| **Family Name or Surname:** | Click or tap here to enter text. |
| **Contact Address:** | Click or tap here to enter text. |
| **Contact Telephone Number:** | Click or tap here to enter text. |
| **Contact Email Address:** | Click or tap here to enter text. |
| **Title of Project:** | Click or tap here to enter text. |
| **Proposed Project Dates:** | **From:** Click or tap to enter a date. |
| **To:** Click or tap to enter a date. |
| **If the project costs exceed the value of the award how do you intend to pay for the remaining/outstanding costs?** | Click or tap here to enter text. |
| **Declaration**I certify that, to the best of my knowledge, the statements made by me on this form and in the supplementary documents submitted for this application are correct and complete. I have also attached (a) my project outline and (b) my project budget to this application form. If I am successful in gaining a scholarship * I agree to write a formal letter of thanks to the funder
* I agree to acknowledge the funding in my project report, and in any related publications produced by the research funded
* I agree to submit a brief report of my activities & achievements upon completion of my project
* I give consent for my name and the award to be announced in LSHTM publications and on the internet and for photographs of me taken at School events to be used in future promotional materials. I also consent to write a 250 word student profile for use in LSHTM publications.
 |
| **Signature:** |  |
| **Date:** | Click or tap to enter a date. |
| Typed signatures will not be accepted. Please sign by hand or use an electronic signature. |

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**2019-20 JOCEYLN HUGHES MALARIA AND TRAVEL GRANT**

**PART 2**

**Project Supervisor’s Supporting Statement**

|  |  |
| --- | --- |
| **Student’s ID Number:** | Click or tap here to enter text. |
| **Programme of Study:** | Click or tap here to enter text. |
| **Student’s First Name/s**: | Click or tap here to enter text. |
| **Student’s Family Name or Surname:** | Click or tap here to enter text. |
| **Title of Project:** | Click or tap here to enter text. |
| **Supporting Statement:**Click or tap here to enter text. |
| **Supervisor’s Signature:** |  |
| **Date:** | Click or tap to enter a date. |
| Typed signatures will not be accepted. Please sign by hand or use an electronic signature. |

Please return by email to: scholarships@lshtm.ac.uk by the scholarship deadline.