**NEIL DAVIS MEMORIAL SCHOLARSHIP APPLICATION FORM**

**2019-20**

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

☐ I am registered on the MSc Health Policy, Planning & Financing course for the 2019-20 academic year.

☐ I enclose my project outline (no more than 2 A4 sides).

☐ I enclose my budget outlining projected costs for the MSc project.

*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. |
| **MSc Course:** | MSc Health Policy, Planning & Financing |
| **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. |
| **Project Location:** | 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. |
| **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.  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. * 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. | |

Please return by email to: [scholarships@lshtm.ac.uk](mailto:scholarships@lshtm.ac.uk) by the scholarship deadline.