**2020-21 DrPH RSI/OPA TRAVELLING & FIELDWORK SUPPORT SCHOLARSHIP APPLICATION**

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

I am a registered DrPH student at LSHTM in the 2020-21 academic year

I enclose my budget plan and justification

I enclose my RSI/OPA project proposal

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

|  |  |
| --- | --- |
| **Student ID Number:** |  |
| **Programme of Study**: |  |
| **First Name(s):** |  |
| **Family/Last Name:** |  |
| **Title of Project:** |  |
| **Proposed Project Dates:** | **From:** |
| **To:** |
| **Proposed Project Location:** |  |
| **Declaration by Student:**  I certify that, to the best of my knowledge, the statements made by me on this form are correct and complete.  If I am successful in gaining a scholarship   * I agree to write a formal letter of thanks to the funder, if required. * 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 LSHTM events to be used in future promotional materials. I also consent to write a 250-word student profile for use in LSHTM publications. | |
| **Student Signature** | **Date** |
|  |  |
| *Typed signatures will not be accepted. Please sign by hand or use an electronic signature.* | |
| **Date:** |  |
|  | |
| **Declaration by RSI/OPA Supervisor:**  I support this application for the DrPH RSI/OPA Scholarship. | |
| **Supervisor Name:** |  |
| **Supervisor Email Address:** |  |
| **Supervisor Signature** | **Date** |
|  |  |
| *Typed signatures will not be accepted. Please sign by hand or use an electronic signature* ***or*** *email Scholarships separately to confirm support/approval.* | |

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