**SAMA Research Masters Scholarship – Application Form**

***You must have been granted admission to a research Masters programme in Medicine to make an application on this form. Applicants who do not supply the required documentation by the due date will not be considered.***

1. **Applicants Contact Details**

|  |  |
| --- | --- |
| First Name | Surname |
| ID number & Student Number |  |
| Street Address | |
| Suburb | City |
| Postal Address |  |
| Telephone | Cell phone |
| ­­­­­­­­Email |  |

***Note: You will be contacted by email, so please ensure your address is correct.***

1. **Academic Qualification *List all undergraduate and postgraduate studies and attach certified copies.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree or professional qualification | Institution | Place and country | Years attended From To | |
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1. **Research Proposal**

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| --- |
| University |
| Supervisor/s |
| Title of research |
| **Complete a brief summary of your current research proposal and methodology (500 words)** |

1. **Achievements**

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| --- |
| List any scholarships or distinctions currently held |
| List the titles of any theses submitted for any degree |
| List any publications |
|  |

1. **Academic referees—confidential reports**

* Up to two reports are required from referees who are able to evaluate your academic ability and research potential. The referees title and academic status should be clearly indicated in this (with official rubber stamp). This should be confidential (in sealed envelope) and should be recently dated or may be emailed by the supervisor.
* Advise your referees of the relevant closing date for your scholarship application (30 September).
* Reports must be sent directly to the Bursary Committee (Att: K Pienaar, PO Box 74789, Lynnwood Ridge, 0040 or email: [karlienp@samedical.org](mailto:karlienp@samedical.org)).

1. **Additional information needed**

* A passport-size photograph
* Abbreviated curriculum vita (maximum of two pages)
* Letter of intent (explaining motives for applying)
* Proof of registration with academic institution

1. **Disclosure of information**

**I consent to:**

* The publication of my name and details of any scholarship which I may be awarded, together with any optional personal information which I may provide for this purpose.
* The disclosure of relevant information to sponsors of such scholarships.
* SAMA undertakes to store your application in a secure place in the event that you are successful in gaining an award or are selected as a reserve candidate for an award, and to destroy your application to preserve its confidentiality in the event that you are unsuccessful in gaining an award.
* Should you have reason to believe that information held about you in your application is incorrect, you have the right of access to, and correction of, that information.

**I agree to the above conditions in respect of this scholarship application.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |