

PDL Student Grant Program Application Form

Sponsorship of up to \$5,000AUD per grant is available to individual pharmacy students who are seeking financial assistance to attend a recognised event or conference. Students applying for the PDL Student Grant Program should review the [Assessment Criteria](#) in order to best complete this application form and ensure they have read and understood the [Terms and Conditions](#) of the grant. Only completed applications including required supporting documents will be considered.

1. Applicant information

First Name:

Last Name:

PDL Member number:

University name:

Degree: BPharm/ MPharm

Year level:

Contact phone number:

Email address:

Postal address:

*PDL may contact you for additional information if required.

2. Event or conference name

Please provide information about the conference or event you wish to attend, including event date, location and a link to the event website. (100 words max)



3. About you

Why are you seeking this grant, what area of pharmacy practice are you looking to pursue in the future and why have you chosen a career in the pharmacy profession. (500 words max)



4. Aims and objectives

What are you hoping to gain from attending this event? What aspects of pharmacy are you hoping to explore? (500 words max)

5. Proposed grant budget

| Category | Cost (incl. GST) |
|--|------------------|
| Event registration | \$ |
| Travel expenses (<i>e.g. air, taxis, bus, train</i>) | \$ |
| Accommodation expenses | \$ |
| Meals | \$ |
| Other | \$ |
| Total funds requested | \$ |

6. Other supporting documents

Please ensure the following documents are also attached with your application form. Incomplete applications will not be considered.

- ☐ Curriculum Vitae (CV)
- ☐ Letter of recommendation from a faculty staff member.
- ☐ Approval of leave from University, if required.

7. Declaration

In signing this page, I certify that the above details are true and correct to the best of my knowledge. I have read and understood the PDL Student Grant Program [Terms and Conditions](#) and agree to abide by them.

Signed _____

Date ____/____/____

Submitting your application

Please email your completed application to: grants@pdl.org.au by **5pm on the closing date, Friday 5 March 2021**. By submitting this application, you agree to the [Terms and Conditions](#) outlined for the Program. Applicants will receive a notification of the outcome of their application no more than three weeks after the closing date.

Internal use only: Date received by PDL ____/____/____.