

Richard Dixon Memorial Scholarship Application Form 2020

Applicant Details

Full name:

Address:

Date of birth:

Phone:

Email:

Current University:

Contact name:

Contact phone:

Email:

Application supporting documentation

Please provide in no more 1000 words:

- Details of further education for which the funding is requested.
- Extracurricular experience with alpacas.
- If applicable, any medical or surgical subspecialties of South American Camelids the applicant wishes to pursue.

Referees

Name:

Institution / Business Name: _

Position:

Phone:

Email:

Name:

Institution / Business Name: _

Position:

Phone:

Email:

I declare that the information supplied with this application is true and complete in every detail.

Signature:

Date:

Please forward this form and application supporting documentation to:

Australian Alpaca Association Ltd.

P O Box 5108

BRADDON ACT 2612

Email: ceo@alpaca.asn.au

Applications due 20 October 2020