

## Summary Checklist for SCAR Fellowship Scheme

<b>SCAR Fellowships</b>	
<b>Eligibility:</b>	<p>1. Current PhD researcher or 5 years from finishing PhD (in special cases over 5 years may be accepted, e.g. maternity/paternity leave, please contact <a href="mailto:info@scar.org">info@scar.org</a>)</p> <p>2. Visiting a facility <b>in or run by a SCAR member country</b>, which is different to (a) applicant's country of origin and (b) current position</p> <p>3. Should contribute to the objectives of one or more of the Scientific Research Programmes endorsed by SCAR (for details see <a href="http://www.scar.org/researchgroups/">http://www.scar.org/researchgroups/</a>)</p>
<b>Award</b>	<p>(a) 3 to 4 awards for 2011-12</p> <p>(b) up to US\$15,000 per award</p> <p>(c) Home institute to bear in-home country costs (e.g. Visa costs, domestic travel)</p> <p>(d) Host institutes to waive bench fees, if any</p>
<b>Application package contents:</b>	<p>(a) SCAR application form</p> <p>(b) Research proposal (with relevant appendices)</p> <p>(c) Home Institute reference</p> <p>(d) Host Institute agreement</p>
<b>Last date:</b>	<b>15<sup>th</sup> May 2011 (for receiving ALL components of application)</b>
<b>Submission to</b>	<a href="mailto:info@scar.org">info@scar.org</a>
<b>Any doubts/queries, contact</b>	<a href="mailto:info@scar.org">info@scar.org</a>



# Application for SCAR Fellowship Scheme 2011

*(Please answer all questions. Please enter NA if the question is not applicable)*

## 1. APPLICANT INFORMATION:

Forename(s)	Surname	Title
Name of Home Institution:	Contact details: (Please include full country code)	
Home Institution Mailing Address:	(1) Daytime telephone:	
	(2) Mobile:	
	(3) Fax number:	
Post code:	E-mail address:	
Country:		

## 2. APPLICANT CURRENT RESIDENCE AND CITIZENSHIP INFORMATION:

City and Country of Birth:
Country of Citizenship:
Country of current Residence:

## 3. APPLICANT ACADEMIC AND PROFESSIONAL BACKGROUND

<b>Details of Highest Academic Degree Earned</b>			
School / College / University / Training Provider (Please state Town/City)	From (month/ year)	To month/ year)	Qualifications gained with grade, if any

Are you currently enrolled in a Postgraduate programme? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If yes, please fill in following details for regarding your current programme of study)</b>			
School / College / University / Training Provider (Please state Town/City)	From (month/ year)	Estimated Graduation month/ year)	Qualification/Degree to be gained with estimated grade, if any

**Please fill in following details for regarding your current position**

Are you currently a Post-Doctoral Researcher?  Yes  No

If no, what is your current position?

Institution (Please state Town/City)	From (month/ year)	Termination (month/ year)	Summary of current research (Maximum 50 words)

Please give details of membership of any professional bodies:

**4. DETAILS OF PROPOSED HOST AND PROPOSED HOST INSTITUTION**

(Details of where and with whom you intend to work)

Name of Proposed Host:	
Name of Proposed Host Institution:  Proposed Host Institution Mailing Address:  Post code: Country:	Contact details for Proposed Host: (Please include full country code for telephone and fax numbers)  (1) Daytime telephone:  (2) Fax number:  (3) Email address:
Have you been accepted by the proposed host institute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, when do you expect to be notified? (MM/YY):	
Proposed duration of visit to host institute (in months):	
Anticipated start date of Fellowship (must start within 9 months from the date of the award): (MM/YY):	
Total Fellowship award request (US\$) (detailed breakdown to be provided in Research Proposal):	

## 5. REFERENCES

### REFERENCE 1 (SUPERVISOR AT HOME INSTITUTE)

Name:		Title
Full Mailing Address:	Contact details: (Please include full country code)	
Post code:	(1) Daytime telephone:	
Country:	(2) Mobile:	
	(3) Fax number:	
	E-mail address:	

### REFERENCE 2 (SUPERVISOR AT PROPOSED HOST INSTITUTE)

Name:		Title
Full Mailing Address:	Contact details: (Please include full country code)	
Post code:	(1) Daytime telephone:	
Country:	(2) Mobile:	
	(3) Fax number:	
	E-mail address:	

## 6. Have you also applied to the COMNAP Fellowship? (Yes / No)

## 7. DECLARATION AND SIGNATURE

### APPLICANT SIGNATURE

By signing here, the applicant confirms that the information (s)he has given in this application and any supporting documents is correct and complete to the best of their abilities.

In case you do not have an electronic signature, please write your name in FULL CAPITAL LETTERS, to signify that you have signed the document.

Signature .....

Date .....

## **8. SCIENTIFIC RESEARCH PROPOSAL**

**(Maximum length 1000 words + References cited + Illustrative material)**

Please attach as Appendix 1. Candidates should provide a description of the project, indicating its expected achievements and showing what the candidate and the host institution are expected to gain from the work. The write up **MUST** include the following headers and must answer the questions posed within each header. (The word count for the scientific research proposal **does not** include the references cited or extra illustrative material – e.g. Tables and/or Figures)

**Title:**

**Objectives:** What are you going to do?

**Background and Rationale:** Why is it important? Why should it be done now and at this particular host institution?

**Relevance:** How does the proposed research activity/work ‘fit’ with SCAR’s goals?

**Methodology:** How are you going to do it?

**Deliverables:** What do you expect to achieve?

**Success Factors:** What will show if the project has succeeded?

**Budget:**

- (i) How much money is required, and how will it be spent? Please supply an outline budget indicating approximate expenditures on travel, accommodation, subsistence, materials, and other anticipated costs.
- (ii) Are you able to obtain additional financial support – if so how much and from where?

**Scientific references cited** (Attach as Appendix 2, maximum 1 page)

**Illustrative material - tables and figures** (Attach as Appendix 3, maximum 1 page)

Please send both Application form as well as the Research Proposal (and any relevant appendices) to [info@scar.org](mailto:info@scar.org) on or before the 15<sup>th</sup> of May 2011.



# Cover Note 1 - Home Institute Agreement for an Application to SCAR Fellowship 2011

*(Please answer all questions)*

## 1. APPLICANT Details: (For whom you are providing a Nomination and Reference)

Forename(s)	Surname	Title
Title of Applicant's Project		

## 2. Referee (From Applicant's HOME Institute) Details:

Forename(s)	Surname	Title
Name and Address of Institution:	Contact details: (Please include full country code)	
Post code:	(1) Daytime telephone:	
Country:	(2) Mobile:	
	(3) Fax number:	
	E-mail address:	

How long have you known the applicant?
In what context do you know the applicant?

I confirm that the information given above and on the appended reference letter is accurate to the best of my knowledge.

In case you do not have an electronic signature, please write your name in FULL CAPITAL LETTERS, to signify that you have signed the document.

Signature .....

Date .....

Please now write your reference or recommendation in English on a separate sheet. The sheet should include either your official letterhead, or the letterhead of your institution. Please make sure the reference is also signed and dated. The letter should be scanned and together with this cover note, sent to [info@scar.org](mailto:info@scar.org).



## Cover Note 2 - Host Institute Agreement for an Application to SCAR Fellowship 2011

*(Please answer all questions)*

### 1. APPLICANT Details: (Whom you will be hosting)

Forename(s)	Surname	Title
Title of Applicant's Project		

### 2. Host's Details:

Forename(s)	Surname	Title
Name and Address of Institution:  Post code: Country:	Contact details: (Please include full country code) (1) Daytime telephone: (2) Mobile: (3) Fax number:	
	E-mail address:	

(a) Do you know the applicant? If yes, please answer (b) and (c):

(b) How long have you known the applicant?

(c) In what context do you know the applicant?

I agree and confirm that the host institution will provide the necessary facilities for the nominee to undertake the project described in the application.

In case you do not have an electronic signature, please write your name in FULL CAPITAL LETTERS, to signify that you have signed the document.

Signature .....

Date .....

Please send this to [info@scar.org](mailto:info@scar.org).