

2024 Nikolaos and Dimitra Travelling Scholarship Application Form

Form Preview

Applicant Details

* indicates a required field

In 2018, the University gratefully received a donation from [Professor Christos Pantelis](#) and Mrs Kimberley Pantelis to establish **the Nikolaos and Dimitra Pantelis Travelling Scholarship** in honour of Christos' parents. The scholarship will support a graduate research student undertaking schizophrenia research, within the [Department of Psychiatry](#) at The University of Melbourne.

One annual travelling scholarship is awarded, with the amount to be determined by interest on endowed funds annually. **In 2025, one annual travelling scholarship will be awarded for \$3,500.00.**

Eligibility: A graduate research student undertaking schizophrenia research, within the [Department of Psychiatry](#), to present at a national or international conference, and/or to work in an internationally recognised lab.

Requirements: A presentation and submission of a written report on the outcomes of the scholarship is to be undertaken on return in the year the scholarship is awarded.

Applications Due: Monday 27 January 2025 at 11.59pm

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor

Department and School

This question is read only.

Institution

Organisation Name

Mobile

Must be an Australian phone number.

Student Number

Must be a number.

Email *

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Must be an email address.

Eligibility Criteria

Please note that your eligibility will be checked using the below confirmations, in addition to being reviewed prior to your application being sent for assessment.

I confirm the following to be true: *

- ☐ I am a current PhD candidate enrolled through the Department of Psychiatry
- ☐ I am currently undertaking research in schizophrenia
- ☐ My funding request will be used to present my work at a national / international conference
- ☐ My funding request will be used to fund a visit to an international lab

Project Summary

* indicates a required field

Project Title *

Will the result of the project form part of your Thesis or Student Project?

- ☐ Yes
- ☐ No
- ☐ Not applicable

• Briefly describe the proposed scholarship activity (200 words maximum). • Do not directly address Selection Criteria, as responses to each criterion are to be provided in Section C.

Word count:

Must be no more than 200 words.

How much are you requesting?

- ☐ Full amount
- ☐ Partial amount

Total Amount Requested

This question is read only.

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Amount Requested

Must be a whole dollar amount (no cents) and no more than 3000.

Selection Criteria

C. Selection Criteria

In no more than 1,000 words, describe how your application meets the following selection criteria:- The potential to make a significant contribution to schizophrenia research and approaches.- A capacity to communicate complex ideas and theory, and ability to undertake research in a clinical setting.

Word count:

Must be no more than 1000 words.

Learning and Research Objectives

D. Learning and Research Objectives

Please specify up to three learning or research objectives you hope to achieve as a result of the scholarship.

Learning/Research Objective #1

Learning/Research Objective #2

Learning/Research Objective #3

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**Learning/Research
Objective #1**

**Learning/Research
Objective #2**

**Learning/Research
Objective #3**

**Learning/Research
Objective #1**

**Learning/Research
Objective #2**

**Learning/Research
Objective #3**

Potential Outcome of the Scholarship

E. Potential Outcome of the Scholarship

Please detail, in no more than 500 words, the anticipated outcome of the scholarship on your research experience and knowledge in psychiatry.

Word count:

Must be no more than 500 words.

Letters of Reference

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- **Two letters of support** from senior members of the Department of Psychiatry are to be attached to this application and emailed with the application (see below).- **Contact details** for each reference should be included.

Name			Email	Phone Number
Title	First Name	Last Name		
Title	First Name	Last Name		
			Must be an email address.	Must be an Australian phone number.

Letter of Support #1

Attach a file:

Letter of Support #2

Attach a file:

Submission of Application

* indicates a required field

Application Review

Prior to submitting your application below, please ensure the following has been completed to ensure your application will go through to assessment:

- You have reviewed the eligibility criteria and are certain you meet them.
- You have completed each section, including the project summary, selection criteria, learning and research objectives and outcomes.
- You have uploaded TWO letters of reference from senior members of the Department of Psychiatry, UoM.

G. Submission of Application

Agreement to Terms and Conditions:

- The awarding of this scholarship is based on information that you have provided to The University of Melbourne.
- Your application may be withdrawn at any time if you have provided incorrect information or withheld relevant information.

I certify that the information supplied in this application is true and correct to the best of my knowledge. If this application leads to being awarded this scholarship, I understand that

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false or misleading information may lead to forfeiting this scholarship and any associated monies. By submitting this application, I agree to allow The University of Melbourne to publish my name and/or photo on the Department/School/Faculty website, in publications, and other University materials. I hereby agree to The University of Melbourne using, reproducing, and disclosing photographs of me for use in teaching materials, promotional, and marketing materials, publications and/or on its website.

I acknowledge travel must be undertaken in the year that the scholarship is awarded, and that I will be required to make a presentation and submit a written report on the outcomes on my return.

☐ I have read, understand, and agree to abide by the terms of this award.