

Application for NUI Travelling Studentships in the Humanities and Social Sciences 2017



Ollscoil na hÉireann
National University of Ireland
The Registrar,
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Dublin 2, D02 V583, Ireland
Phone +353 1 439 2424
awards@nui.ie
www.nui.ie

Please complete all sections.
Please write in block capitals.

Title _____

Surname _____

First name(s) _____

Permanent address _____

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Male Female

Mobile / Phone

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email _____

If yes, please provide additional information with your application.

Are you in receipt of funding from other source(s)? Yes No

Have you previously applied for an NUI Scholarship or Prize? Yes No

- If Yes, list the Scholarship or Prize and year of application _____

Qualifications

Classification, for example 1H or 2.1
Institution, for example UCD or UCC

| Degree Title | Year conferred | Classification | Institution | | | | | | | | |
|--------------|---|----------------|-------------|---|---|---|--|--|--|--|-------|
| _____ | <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | Y | Y | Y | Y | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | _____ |
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| Y | Y | Y | Y | | | | | | | | |
| | | | | | | | | | | | |

Research

Research subject area _____

Title of research proposal _____

Proposed venue for Studentship _____

Doctoral degree start date

| | | | | | |
|---|---|---|---|---|---|
| M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|

Doctoral degree end date

| | | | | | |
|---|---|---|---|---|---|
| M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|

Estimated date of completion

APPLICATION CHECKLIST

Application must include:

- A Application Form
- B Research Proposal
- C Abstract of Research Proposal
- D Personal Statement
- E Curriculum Vitae
- F Certified Academic Transcript(s)
- G Academic References (x2)

The closing date for receipt of completed applications is

31 March 2017.

Academic referees

| Academic referee one | Academic referee two |
|----------------------|----------------------|
| Name _____ | Name _____ |
| Institution _____ | Institution _____ |
| Address _____ | Address _____ |

I declare that the information set out in this application is correct

Signature _____

Date of signature

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|