In 2018, the University gratefully received a donation from [**Professor Christos Pantelis**](https://findanexpert.unimelb.edu.au/profile/14966-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](https://medicine.unimelb.edu.au/school-structure/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 2024, an annual travelling scholarship will be awarded for $3,000.00.**

**Eligibility:** A graduate research student undertaking schizophrenia research, within the [Department of Psychiatry](https://medicine.unimelb.edu.au/school-structure/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.

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| **Applications Due: Sunday 28 January 2024 at 11.59pm** |

# A. Applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Family/Last Name** |  |
| **Given Name(s)** |  |
| **Supervisor** |  |
| **Department and School**  | Department of Psychiatry, Melbourne Medical School |
| **Institution** | The University of Melbourne |
| **Mobile** |  |
| **Student Number** |  |
| **Email** | xxx@unimelb.edu.au  |

# B. Project Summary

# 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.

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# 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.

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# 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 |  |

# 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.

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|  |

# F. Letters of Reference

# 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 | Contact phone number |
|  |  |  |
|  |  |  |

# G. Submission of Application

# Agreement to Terms and Conditions

# The awarding of this scholarship 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 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:*

**(Please include a tick (✓) to confirm the above agreement to the terms and conditions.)**

*Signature:*

*Full Name:*

*Date:*

Please submit an electronic copy only of this application, along with two letters of support from senior members of the[Department of Psychiatry](https://medicine.unimelb.edu.au/school-structure/psychiatry/news-and-events/webinar-series), via email (psychiatry-admin@unimelb.edu.au) by **11.59pm, Sunday 28 January 2024.**