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**MCM Professional ACA Conference Attendance 2025 Scholarship Application Form**

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| **Applicant Details** | | | |
| **Title:** |  | | |
| **First Name:** |  | | |
| **Last Name:** |  | | |
| **Company:** |  | | |
| **Job Title:** |  | | |
| **Address:** |  | | |
| **Suburb** |  | | |
| **State** |  | **Postcode** |  |
| **Country:** |  | | |
| **Work Phone:** |  | **Mobile:** |  |
| **Email:** |  | | |
| **ACA Member? Y/N** |  | | |

1. **Employment History, academic career & courses attended**

**List employment history, the last 10 years if available**

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| --- | --- | --- | --- |
| **Position** | **Organisation/Institution** | **From** | **To** |
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**List tertiary qualifications**

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| **Qualification** | **Class Level** | **Institution** | **Year Awarded** |
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**List conferences that you have attended or courses/training that you have completed**

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| --- | --- | --- |
| **Name of Conference/Course** | **Institution or Organisation offering the Conference/Course** | **Year Attended** |
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1. **Referees**

Please provide the names and contact details of 2 referees who can be approached by ACA Foundation Limited.

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| **Referee One** | | | |
| **Title:** |  | | |
| **First Name:** |  | | |
| **Last Name:** |  | | |
| **Company or Institution:** |  | | |
| **Job Title:** |  | | |
| **Address:** |  | | |
| **Suburb** |  | | |
| **State** |  | **Postcode** |  |
| **Country:** |  | | |
| **Work Phone:** |  | **Mobile** |  |
| **Email:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee Two** | | | |
| **Title:** |  | | |
| **First Name:** |  | | |
| **Last Name:** |  | | |
| **Company or Institution:** |  | | |
| **Job Title:** |  | | |
| **Address:** |  | | |
| **Suburb** |  | | |
| **State** |  | **Postcode** |  |
| **Country:** |  | | |
| **Work Phone:** |  | **Mobile** |  |
| **Email:** |  | | |
| **ACA Member? Y/N** |  | | |

1. **Supporting Documentation**

Please also provide a 250 word outline to support the application including your career ambitions and reasons for wanting to attend the ACA Conference – Corrosion and Prevention 2025.

*If you are completing this form electronically, please cut and paste your outline into the box below. If you are submitting a hard copy of this application, please attach your outline to your application.*

1. **Letter of support**

Please provide a letter of support from your employer or academic institution supporting this Scholarship application.

*All the information given in this Scholarship application is factual and correct at the time of submission; I understand that incorrect information may render this application void.*

*I understand and accept that all documentation published by ACA Foundation Limited is part of the total application information package.*

*I understand and accept all terms and conditions attached to the awarding of the Scholarship by ACA Foundation Limited and that all decisions by ACA Foundation Limited in relation to the award of this or any other scholarship, prize or bursary are final and are not subject to appeal, review or petition.*

Applicants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If your version of Adobe does not allow you to electronically sign this document, please print the application and sign the hard copy before submission.*

**How did you hear about the ACA Foundation Scholarships?**

Colleague, Workplace or Institution

ACA Website

ACA Event

Corrosion & Materials Publication

ACA E-Newsletter

Other (provide details below):

Submit the completed application form to;

ACA Foundation Limited

C/- The Australasian Corrosion Association Inc

Building V, 30A Jessie Street,   
PRESTON 3072 Australia

or via email [ACAFoundation@corrosion.com.au](mailto:ACAFoundation@corrosion.com.au)