



**AUSTRALIAN
ALPACA**

Australian Alpaca Association Ltd.

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**AAA Ltd. Richard Dixon Memorial Scholarship
Application Form**

Applicant details

Surname: _____ First name: _____

Address: _____

Date of birth: _____

Phone: (BH): _____ (AH): _____ Mobile: _____

Email: _____

Current University: _____

Contact name: _____

Contact phone: _____ Email: _____

Application supporting documentation

Please provide in no more 1,000 words details with regard to the following:

- a) Details of further education for which the funding is required.
- b) Extra curricular experience with South American Camelids.
- c) If applicable, any medical or surgical subspecialties of South American Camelids the applicant wishes to pursue.

Referees

1. Name: _____

Institution / Business Name: _____

Position: _____

Phone: _____ Email: _____

2. Name: _____

Institution / Business Name: _____

Position: _____

Phone: _____ Email: _____

I declare that the information supplied with this application is true and complete in every detail.

Signature: _____ Date: _____

Please forward this form and application supporting documentation to:

Australian Alpaca Association Ltd.

P O Box 1076

Mitcham North, Vic 3132

Email: alpaca@alpaca.asn.au

29th April 2009