Application form - Ernest Scott Prize
Form Preview

Ernest Scott Prize

* indicates a required field

Introduction

The Ernest Scott Prize is awarded annually for original published research that contributes to the history of Australia or New Zealand, or to the history of colonisation.

Before submitting this form, please refer to the eligibility and selection requirements. Click here to review the Ernest Scott Prize webpage.

Publisher Details

Publishing Company *

Contact Person *
Organisation Name

Position/Job Title *

Primary Address
Address

Any, but at least one field is required.

Primary Phone Number

Email Address *

Must be an email address.

How many publications will you be entering to the prize? *
☐ One ☐ More than one

Eligibility

To be eligible for the Ernest Scott Prize, publications must: *

☐ be based upon original research into the history of Australia or New Zealand, or to the history of colonisation in these countries. Edited or republished works are not eligible.
☐ have been published during the two calendars years immediately prior to the 1 January of the academic year of award.
☐ be entered by publishers. Authors are advised to request their publishers to enter their books on their behalf if they wish to enter.
At least 3 choices must be selected.
If you did not check the boxes above, then you are not eligible to submit to the Ernest Scott Prize

Single Publication Entry

* indicates a required field

Publication Details

Title of Publication *

ISBN of Publication *

Date of Publication *

Must be a date.

Is this publication co-authored? ☐ Yes ☐ No

Author Name *
Title First Name Last Name

Author Address
Address

Any, but at least one field is required.

Author Email *

Must be an email address.

Author Phone Number *

Please include the area code (all), and country code (If based in New Zealand)

Names of co-authors if applicable

Multiple Publications: Submission 1

* indicates a required field

First Publication Details

Title of Publication *

ISBN of Publication *

Date of Publication *

Must be a date.

Is this publication co-authored? * ☐ Yes ☐ No

First Author Details

Authors Name *

Title | First Name | Last Name

Authors Address

Address

Any, but at least one field is required.

Authors Email *

Must be an email address.

Authors Phone Number *

Please include the area code (all), and country code (If based in New Zealand)

Names of co-authors if applicable

Additional Submissions

Would you like to add another publication? *

☐ Yes ☐ No

Multiple Publications: Submission 2

* indicates a required field

Second Publication Details

Title of Publication *

ISBN of Publication *

Date of Publication *

Must be a date.

Is this publication co-authored? * ☐ Yes ☐ No

Second Author Details

Authors Name *

Title | First Name | Last Name

Authors Address

Address

Any, but at least one field is required.

Authors Email *

Must be an email address.

Authors Phone Number *

Please include the area code (all), and country code (If based in New Zealand)

Names of co-authors if applicable

Additional Submissions

Would you like to add another publication? *

☐ Yes ☐ No

Multiple Publications: Submission 3

* indicates a required field

Third Publication Details

Title of Publication *

ISBN of Publication *

Date of Publication *

Must be a date.

Is this publication co-authored? * ☐ Yes ☐ No

Third Author Details

Authors Name *

Title | First Name | Last Name

Authors Address

Address

Any, but at least one field is required.

Authors Email *

Must be an email address.

Authors Phone Number *

Please include the area code (all), and country code (If based in New Zealand)

Names of co-authors if applicable

Additional Submissions

Would you like to add another publication? *

☐ Yes ☐ No

Multiple Publications: Submission 4

* indicates a required field

Fourth Publication Details

Title of Publication *

ISBN of Publication *

Date of Publication *

Must be a date.

Is this publication co-authored? * ☐ Yes ☐ No

Fourth Author Details

Authors Name *

Title First Name Last Name

Authors Address

Address

Any, but at least one field is required.

Authors Email *

Must be an email address.

Phone Number *

Please include the area code (all), and country code (If based in New Zealand)

Names of co-authors if applicable

Additional Submissions

Would you like to add another publication? *

☐ Yes ☐ No

Multiple Publications: Submission 5

* indicates a required field

Fifth Publication Details

Title of Publication *

ISBN of Publication *

Date of Publication *

Must be a date.

Is this publication co-authored? * ☐ Yes ☐ No

Fifth Author Details

Authors Name *

Title First Name Last Name

Authors Address

Address

Any, but at least one field is required.

Authors Email *

Must be an email address.

Authors Phone Number *

Please include the area code (all), and country code (If based in New Zealand)

Names of co-authors if applicable

Would you like to add another publication?

This form has a limit of five publications. If you have additional entries please start a new form.

Feedback, agreement and privacy statement

* indicates a required field

Feedback

Where did you hear about this scholarship?

☐ My lecturer/tutor
☐ Admissions officer/ professional staff
☐ Poster
☐ Google search
☐ Student Portal
☐ Social Media
☐ Word of mouth
☐ Newsletter
☐ Other:
☐ The University of Melbourne Scholarship webpage

After submitting your form you must mail a copy of the book to each of the two judges. The postal addresses for the judges will be supplied via email after the online application form has been successfully submitted. Please attach a cover page to each book stating:

- publisher, publisher contact name, position, email address, contact phone number; and,
- book details, author(s), date published, ISBN number

Books submitted will not be returned.

Click here to review the terms and conditions on the Ernest Scott webpage.

Terms and conditions *
○ I have read, understood and accept the scholarship application terms and conditions

Eligibility and form completion *
○ I have checked the eligibility requirements and have completed all relevant sections of this form

Name *
First Name Last Name

Date *
Must be a date.

Privacy statement

The information in this form is being collected by the Faculty of Arts at the University of Melbourne for the purpose of selection, administration and evaluation within the awards program.

You may access any personal information you have provided on this form by contacting artsawards-info@unimelb.edu.au.

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Your information will also be used by the Faculty of Arts for statistical analysis, in support of the continuous improvement of the awards program. This includes quality assurance and planning purposes.

We will retain your personal information only for as long as required for the purpose it was collected and in accordance with our legislative obligations. This information is then securely destroyed in accordance with the University's retention and disposal authority.

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