**RANZCP Foundation Scholarship**

**Request for Amendment**

Please advise the RANZCP Foundation of any proposed changes to the budget, scope and timeframe of your project/program from what you have provided in your initial application or a previously approved amendment.

Members of the RANZCP Foundation Committee, plus additional co-opted members as required, will consider the information you provide and either approve, decline or request further information. You will be notified by email.

**Grant information**

Project information

|  |  |
| --- | --- |
| Name |  |
| Project title |  |

### Proposed amendments.

Requested change/s relate to  Timeframe  Budget  Project scope.

**Timeframe**

|  |  |  |
| --- | --- | --- |
|  | As per original application | Requested change |
| Start date |  |  |
| End date |  |  |
| Reason for change |  |

**Budget**

|  |  |  |
| --- | --- | --- |
| Items | Original budget | Updated Budget |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Reason for change |  |

**Project Scope**

|  |  |
| --- | --- |
| Project scope in approved application |  |
| Request to change project scope |  |
| Reasons for change to project scope |  |

**Supporting documents**

Supporting documents relevant to your requested attached.  Yes  No

### Declaration

|  |
| --- |
| **Award Recipient declaration***: In providing this report to the RANZCP Foundation, I confirm that all the information and attachments provided are complete and accurate.*  |
| **Award Recipient signature** |  |
| **Date of declaration** |  / /  |

**Supervisor’s Report**

|  |
| --- |
| **Supervisor declaration***: In providing this report to the RANZCP Foundation, I confirm that all the information and attachments provided are complete and accurate.* |
| **Supervisor name** |  |
| **Email** |  |
| **Supervisor’s assessment (max. 100 words).** |  |
| **Supervisor signature** |  |
| **Date of declaration** |  / /  |

Return to: Foundation@ranzcp.org