

DR MEG WARREN SCHOLARSHIP FOR RURAL HEALTH



Please attach a recent passport size photo

APPLICATION FORM

NAME: _____

UNIVERSITY COURSE: _____

The information contained in this document is strictly confidential

DR MEG WARREN SCHOLARSHIP FOR RURAL HEALTH

APPLICANT DETAILS

Name: _____

Home address: _____

Phone: _____ Mobile: _____

Address during semester: _____

Phone: _____

Email: _____

EDUCATION DETAILS

Secondary School/s attended: _____

COURSE DETAILS

University enrolled at: _____

Applying for entry into University at: _____

Name of Course: _____

Length of course (in full time years): _____

Have you commenced this course? No Yes If Yes, year of study in 20XX _____

Are you a full time or part time student? FULL TIME PART TIME

ADDITIONAL INFORMATION

Have you applied for, or are you in receipt of, any other grant/scholarship? Yes No

If yes, please supply details of grant (eg amount, name and when funding ceases).

List any rural attachments/placements you have undertaken to date:

Are you a member of the rural students club at your University? _____

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REFEREES

Please provide the name, address and contact number for two referees, one of who must be rurally based.

1 Name: _____ 2 Name: _____
Address: _____ Address: _____

Phone: _____ Phone: _____

DECLARATION

I declare that the information supplied by me in this application is true and correct on every particular.

I authorise Beechworth Surgery and / or Beechworth Health Service to seek details from the tertiary institution at which I am enrolled, including details of enrolment variations, academic record, examination results, attendance and any other matter pertaining to my eligibility to apply for the Dr Meg Warren Scholarship for Rural Health.

Signature of applicant: _____ Date: _____

Signature of witness: _____ Date: _____

Name of witness: _____

Address: _____

Please forward the completed application criteria in the following order:

- Application form with attached recent passport photo
- 500 word essay outlining demonstrating why you wish to practice in rural Victoria
- Curriculum Vitae
- Current University examination results

Send your application to:

The Practice Manager
Beechworth Surgery
Camp Street Beechworth Vic 3747

**The closing date for Applications is
The last business day in September of each year**