



Maldon Hospital
Committed to care since 1859

Maldon Hospital Scholarship

APPLICATION FORM for 2011

Please read the Notes for Applicants.

Family name:

Given Names:

Home address:

.....

Telephone number: **Mobile number:**

Email address:

Australian citizen: Yes/No

Dates resident in Maldon region:/...../..... to/...../.....

Current school, or institution (if applicable)

.....

Academic results for last year of study, certificates of achievement and awards:

(Please attach copies)

Tertiary course and Institution in which you are enrolled, or intend to be enrolled:

.....

Are you a current holder of a scholarship or grant? Yes/No

What has been your participation in organisations and/or community groups?

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How will the training you receive help a rural community?

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Describe what you see as the issues involved in rural practice?

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.....

Referees 1. Name:

Position:

Address:

.....

Telephone number:

2. Name:

Position:

Address:

.....

Telephone number:

3. Name:

Position:

Address:

.....

Telephone number:

Notes for applicants:

- If the space is insufficient for a response you may attach a sheet with the response
- Any attached sheet should also be signed and dated
- No more than one referee should be used from your current school or institution
- Referees could include people who support your experience and/or your education
- If you receive a scholarship and are in receipt of a Youth Allowance or an AUSTUDY payment through Centrelink, then you will be obliged to notify Centrelink of your acceptance of a Scholarship as it may affect your entitlement to payment. Call 13 24 90 or visit your local Centrelink office for more information.

I acknowledge that the information I have provided in this application is true and correct

Name: **Date:**/...../.....

Signature: