AUSTRALIAN ROTARY HEALTH SCHOLARSHIP FOR RURAL CLINICAL SCHOOL STUDENTS

Forward Application Form to:
Babs Allen
Coordinator Rural Clinical School
GSM Shoalhaven Campus, PO Box 5050 Nowra
DC NSW 2541 or via email to gsm-rcs@uow.edu.au

Internet: www.australianrotaryhealth.org.au

Closing date for applications: Friday 19th June, 2015

PLEASE DO NOT RETURN THIS PAGE WITH YOUR APPLICATION
AUSTRALIAN ROTARY HEALTH
RURAL MEDICAL SCHOLARSHIP

AUSTRALIAN ROTARY HEALTH is offering a Scholarship to University of Wollongong for medical students attending a Rural Clinical School.

The aim of the Scholarships is to provide incentives for medical students to complete at least one year in a rural area. This will encourage and influence the medical students to consider pursuing a medical career in rural Australia upon graduation or following postgraduate medical studies. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

The Scholarships will be worth A$5,000 each and will be administered by the Australian Rotary Health and the Rural Clinical Schools (RCS) as per attached list.

CRITERIA:

• Scholarships will only be open to Australian citizens attending or enrolled to attend a RCS.
• To be eligible the candidate must demonstrate a need and must attend the RCS for the entire year. Failure to do so will have the student forfeit further payments.
• Candidates who hold other Scholarships are not able to apply for this Scholarship (except for John Flynn), but the Scholarship is paid as an addition to Austudy allowance.

PAYMENT:

• Payment of the scholarship will be made to the student with proof of enrolment in the course at the beginning of each semester.

STUDENTS OBLIGATIONS:

• The Scholarship recipient would be expected to participate in, and be guests of local Rotary Clubs. (Rotary Clubs of District 9750 now 9675)
• The Scholarship recipient would be expected to attend meetings of the local Rotary Club when requested. The Scholarship recipient is to address the Rotary Club as well as giving a presentation that provides the members with the recipients' background and an update on the progress of their course. If there is more than one Rotary Club in the community, the Scholarship recipient may wish to participate in the other Rotary Club events.

FOR UOW Students

• Applications are now open
• Applications close Friday 19th June 2015
• Interviews will be conducted by the University of Wollongong

ACKNOWLEDGEMENT

All applicants, whether they are successful or unsuccessful, will be notified by mail.

For Further information please contact Cheryl Deguara, Australian Rotary Health, PO Box 3455, PARRAMATTA, NSW 2124
Phone: 02 8837 1900 email: cheryldeguara@australianrotaryhealth.org.au
AUSTRALIAN ROTARY HEALTH
RURAL MEDICAL SCHOLARSHIP

Application Form

The Australian Rotary Health understands and respects your right to privacy. The personal information contained in this application is confidential and will only be used for the purpose of the Australian Rotary Health Rural Medical Scholarship.

PERSONAL DETAILS:

Family Name: .................................................................

Given Names: .................................................................

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Others

Home Address: .................................................................

.............................................................................. P/C ..............................

Contact Address – RCS .................................................................

.............................................................................. P/C ..............................

Phone: ............................................................................................... ..............................

Mobile: ............................................................................................... ..............................

Fax: ............................................................................................... ..............................

Email: ............................................................................................... ..............................

Date of Birth: ........../........./...........

Student Number: ...........................................................................................

University Attending: ............... University of Wollongong ...........................................

Rural Clinical School Attending: ...........................................................................................

Program Details: In which year are you enrolled in 2015?

(e.g. Medicine 3rd Year) ...........................................................................................

Expected Year of Completion of course: ...........................................................................................
Are you in receipt of any other Scholarship/Grant?  
If YES, please state name, amount and term of Scholarship.

CURRICULUM VITAE:  
(Attachment)

SUPPORTING DOCUMENTATION:  
(Attachment)

Transcripts of all tertiary studies currently and previously undertaken to support your Curriculum Vitae

ESSAY:  
(Attachment)

Complete a 500-word (maximum) essay, double spaced and single sided, addressing the following topic: “How would the Australian Rotary Health Rural Health Scholarship help with my studies at the Rural Clinical School?”

REFEREES:  
(Attachment)

- Please nominate TWO referees who may be contacted on your behalf.  
  Your referee should comment on your work and/or academic study  
  Written Referee Reports may be requested for the preferred applicant(s)

DECLARATION – Applicant must sign

I declare that:

- I declare that the information provided above is true and correct and authorise the University I am attending to obtain any documentation and/or results referred to for the purpose of this application.

Signature of Applicant:  ……………………………………………………..  Date:  …………………

Signature of Witness:  ……………………………………………………..  Date:  …………………

Name of Witness (Please Print):  ………………………………………………………………………

Please post completed Application Form to:  
Babs Allen Coordinator Rural Clinical School  
Graduate School of Medicine University of Wollongong  
PO Box 5080 Nowra DC NSW 2541