



MALDON HOSPITAL

Partnering with the Community

W L CHAMPION SCHOLARSHIP

Application form

Family name			
Given names			
Residential address			
		Post code	
Phone number			
Mailing address			
		Post code	
Email address			
Australian Citizen			
Dates resident in Maldon region		/	/ to / /
Current school or institution			
Academic results for last year of study, certificate 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?			
What has been your participation in organisations and/or community groups?			
How will the training you receive help a rural community?			
Describe what you see as the issues involved in rural practice			
Referees	1	Name	
		Position	
		Address	
		Phone number	
	2	Name	
		Position	
		Address	
		Phone number	

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

Signature

Date / /