



ALPINE
HEALTH
BRIGHT MT BEAUTY MYRTLEFORD

www.alpinehealth.org.au

Please attach a
recent passport
size photo

APPLICATION FORM - 2017

NAME: _____

UNIVERSITY COURSE: _____

The information contained in this document is strictly confidential

MARK ROBINSON 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 2018 _____

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? _____

MARK ROBINSON SCHOLARSHIP FOR RURAL HEALTH

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 Alpine Health 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 a Mark Robinson 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 Chief Executive Officer
Alpine Health
30 O'Donnell Avenue
Myrtleford Vic 3737

**The closing date for Applications is
29 September 2017**