COWRA C.W.A. BRANCH

$4,000

MEDICAL EDUCATION GRANT

DO YOU LIVE NEAR THESE TOWNS?
Binalong, Boorowa, Cowra, Grenfell, Harden, or Young

STUDYING ANY ALLIED HEALTH COURSE?

Applicants must:
- have resided within the boundaries of CWA’s South West Group for the past three years
- be in their second year or above of a health related course
- not have been offered or have received (for the coming year) any other grant, scholarship or bursary
- agree to undertake work experience in a rural area, preferably within the South West.

Grants are for one year and will be awarded on the basis of equity.

APPLICATIONS CLOSE 17th JANUARY 2013

For application forms contact:

Cowra CWA Branch Secretary
Josephine Cochrane
Ph: 6345 3155
Email: theabbey@westnet.com.au

Or write to:
Cowra CWA Branch
P.O. Box 750
COWRA N.S.W. 2794
Application forms are also available on our website: www.cowracwa.com
APPLICATION FORM FOR
THE COWRA MEDICAL EDUCATION GRANT

Applicants must:
• have resided within the boundaries of CWA’s South West Group for the past three years
• be in their second year or above of a health related course
• not have been offered or have received (for the coming year) any other grant, scholarship or bursary
• agree to undertake work experience in a rural area, preferably within the South West.

Grants are for one year and will be awarded on the basis of equity.

Applications must be submitted to and arrive at Cowra Branch CWA, PO Box 750, COWRA NSW 2794, or emailed to cowracwa@gmail.com - no later than the 3rd Wednesday of January for assessment.

NOTE: LATE ENTRIES WILL NOT BE ACCEPTED. All applications are treated in strict confidence. PLEASE FILL IN ALL THE BLANK SPACES (if not applicable then write N/A)

Section 1: Personal details

Name
Title:______ Family name:____________________________________________________________

Given Name/s:_____________________________________________________________________________

Mailing address
No and Street:__________________________________________________

Suburb/Town/City:_____________________________________________State:________Postcode:________

Date of birth ________________________________ M / F (please circle)

Contact information
Daytime telephone number:________________ Mobile number:_____________________________

Email: ___________________________________________________________________________________

DO YOU HAVE A RELATIVE IN THE CWA?_________ RELATIONSHIP TO YOU:__________________________

(Not a requirement) HER NAME AND BRANCH:_________________________________________________________

FATHER/GUARDIAN, NAME & ADDRESS____________________________________________________________

FATHER’S OCCUPATION: FULL TIME/PART TIME/SELF EMPLOYED? _________________________________

MOTHER/GUARDIAN, NAME & ADDRESS____________________________________________________________

MOTHER’S OCCUPATION: FULL TIME/PART TIME/SELF EMPLOYED?______________________________

Number of children in family: ____________________________ Number of school age children:________

DOES THE APPLICANT RECEIVE ANY FORM OF FINANCIAL SUPPORT? YES/NO
IF YES, PROVIDE DETAILS:
______________________________________________________________________________________________

APPLICATION CONTINUED OVER PAGE...
Living Arrangements: Please provide a brief description of your current living arrangements whilst studying. I.e. share a unit/ house/ live on campus etc
________________________________________________________________________________________
________________________________________________________________________________________
Do you have any employment? Yes/ No If yes what type:________________________________________
How much income (on average) per month does it provide?________________________________________
What are your average expenses per month?____________________________________________________

Section 2: Education Record

PRESENT EDUCATION FACILITY: __________________________________PRESENT YEAR________:  
PROPOSED COURSE AND EDUCATION FACILITY FOR THE COMING YEAR:____________________________
PERSONAL AIMS OF STUDENT IN REGARDS TO CHOSEN CAREER:______________________________
________________________________________________________________________________________
REASONS FOR THIS APPLICATION FOR ASSISTANCE:________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
*CONFIRMATION OF ENROLMENT/LATEST RESULTS TO BE ATTACHED*

Section 3: Personal statement

• Attach a typed statement about you.
In not more than 500 words, describe your principal interests and activities over the last year. Include extra-curricular activities at university and/ or in the community, plus any volunteer and leadership roles, sporting involvement and awards received.
Outline your academic and career goals and your reasons for attending University. Include any course-specific information for the medical stream you are aspiring too.

SIGNATURE OF APPLICANT:______________________________________________________________
Date ……/……/……