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**AMA INDIGENOUS MEDICAL SCHOLARSHIP 2020**

**APPLICATON FORM**

*Details marked with an asterisk must be entered*

\*Last Name \*First Name Middle Name

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*Home Address

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| Click or tap here to enter text. |

*\*Mobile No.* Home Phone No.

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| Click or tap here to enter text. | Click or tap here to enter text. |

\*Email address \*Date of Birth

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| Click or tap here to enter text. | Click or tap here to enter text. |

\*University at which Studies are being undertaken

|  |
| --- |
| Click or tap here to enter text. |

\*Title of Course  \*Year Commenced \*Current Year of Study

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*Name of Current Scholarships or Bursaries

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| Click or tap here to enter text. |

**YOU MUST DECLARE IN FULL ANY CURRENT SCHOLARSHIPS OR BURSAIRES OU HAVE. PLEASE READ CAREFULLY DECLARATION BELOW**

**DECLARATION**

**I declare that the information I have provided is true and correct to the best of my knowledge**

\*Name of Applicant\*Date

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |

**I understand that providing false or misleading information, or omitting relevant information, may lead to my application not being considered, or if I am awarded an AMA Indigenous Medical Scholarship it may be suspended, withheld, or terminated, at any time.**

**Please attach to this form:**

A statement of your aspirations, describing your purpose(s) for studying medicine and the uses to which you hope to put your medical training (maximum 500 words);

A short *curriculum vitae* including any employment experience, and the names and contact details of two referees (maximum two pages);

An official letter from an Aboriginal and/or Torres Strait Islander community organisation (to which you are well known) supporting your application as an Aboriginal and/or Torres Strait Islander person. (If you have difficulty in obtaining such documentation please contact the AMA on (02) 6270 5400 or via email at [indigenousscholarship@ama.com.au](mailto:indigenousscholarship@ama.com.au));

An official record or letter of endorsement of your tertiary education results for your first year of medicine, and any subsequent year of medicine completed; and

Formal proof of full-time enrolment in a medical course for the 2019 academic year. This must be either a transcript or an official letter from the university. **Computer screen shots will NOT be accepted.**

Please send this form and attachments by **31 January 2020** to:

AMA Indigenous Medical Scholarship

Att: Sandra Riley

Australian Medical Association

PO Box 6090

KINGSTON ACT 2604

Or via email at: [indigenousscholarship@ama.com.au](mailto:indigenousscholarship@ama.com.au)