



# The Woss Family Scholarships in Medicine Application Form 2017

The value of each Woss Family Scholarship in Medicine is \$7,500 per annum. Up to four full scholarships may be awarded annually. In some years, however, half scholarships may also be awarded.

The Scholarships are to assist and encourage meritorious medical students for whom educational opportunities are limited, for example, because of financial need, distance, or responsibility for others, such as the ill or elderly.

To be eligible for a Scholarship, applicants must be enrolled full-time as a second year, third year or fourth year student in the graduate entry degree in the School of Medicine, Fremantle; and be able to demonstrate:

- i. drive and commitment to achieve academically, despite financial hardship or other personal difficulty;
- ii. that their educational opportunities are limited due to adverse circumstances such as distance, financial need, disability or responsibility for the care of the ill or the elderly;
- iii. a strong social justice philosophy and deep personal commitment to helping the underprivileged; and
- iv. how the award of the Scholarship would assist them in addressing the limitations referred to above.

Applications close Friday 3 February 2017

## 1. PERSONAL INFORMATION

1.1	Title	Surname/Family name	First name	Second/Middle name
	Preferred first name		Date of birth	Age
	Gender	Male      Female		
1.2	Term address for 2017			
	Number and street			
	Town/Suburb		State	Postcode
	Telephone (home)		Telephone (work)	
	Mobile		Email	
1.3	Permanent home address (if different from above)			
	Number and street			
	Town/Suburb		State	Postcode
1.4	Previous residential address			
	Number and street			
	Town/Suburb		State	Postcode

## 2. PREVIOUS AND CURRENT STUDY

2.1	What courses have you applied for at The University of Notre Dame Australia for 2017?				
	MED200	MED300	MED301	MED400	MED401
2.2	What is your previous degree or course of study? e.g. BCom, BEng				
	Name of Degree	Institution	Date of completion	Results	

Please provide a copy of your academic transcript for your previous degree and for the Notre Dame Bachelor of Medicine/Bachelor of Surgery course to date.

### 3. CURRENT FINANCIAL SITUATION

3.1 Do you personally receive a means tested Commonwealth income support payment (i.e. Austudy, Youth Allowance, ABSTUDY etc)?

Yes, please complete question 3.2

No, please go to questions 3.3

3.2 Please tick the relevant box and detail the gross amount you receive per fortnight.

Youth Allowance	Amount per fortnight
AUSTUDY	Amount per fortnight
ABSTUDY	Amount per fortnight
Disability Support Pension	Amount per fortnight
Pensioner Education Supplement	Amount per fortnight
Sole Parent Pension	Amount per fortnight
Carer Pension	Amount per fortnight
Veterans' Affairs Payment	Amount per fortnight

Please include a copy of a current Centrelink Income Statement dated within the last three months or other appropriate documentation confirming the level of your current payment. A Centrelink "Income Statement" can be obtained by phoning Centrelink on 13 24 90. Please allow 4-5 working days from the date you request the Income Statement and factor this into the timeline in respect of the closing date for scholarship applications. Alternatively you can go into a Centrelink office and request an Income Statement over the counter.

3.3 Please indicate your status:

Single (living at home)

Single (independent)

Sole parent/carers

Partnered, no dependants

Partnered, dependants

Other (specify)

3.4 What is your gross average fortnightly income?

If you are not sure of your income or expenses, please provide your best estimate of your financial situation for 2017.

Individual income

Partnered/Combined income

Family income (if you are dependent on your family's income)

Fortnightly Income	Amount \$
Salary/Wages (gross)	
Commonwealth supported payment (e.g. Austudy, Youth Allowance)	
Assistance from family	
Child Support	
Scholarships/grants/awards	
Other (e.g. shares, investments, interest, etc).	
<b>Total</b>	

3.5 What are your average fortnightly expenses?

Individual expenses

Partnered/Combined expenses

Family expenses (If you are dependent on your family's income)

Fortnightly Expenses	Amount \$
Rent/Board/Mortgage	
Food/Groceries	
Phone, Power, Utilities	
Transport (Transperth, car costs including insurance, registration, etc).	
Childcare	
Loan Repayments	
Incidentals/Other	
<b>Total</b>	

3.6 What is your average fortnightly deficit/surplus?

Deficit

Surplus

### 3. CURRENT FINANCIAL SITUATION (continued)

3.7 Have you ever applied for a means tested Commonwealth income support payment?

Yes For what type of payment did you apply?

When did you apply?

If your application was declined, please provide details as to the reason why (e.g. Level of parent's income, value of family farming property, level of family assets etc.)

No Why have you not applied?

3.8 Have you been awarded any other Scholarship to assist your University expenses or living costs?

Yes	Name of Scholarship	Amount
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	Date awarded	Frequency of Payment
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	Duration of Scholarship	
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No

### 4. RESPONSIBILITY FOR OTHERS

4.1 Do you have responsibility for others?

Yes, please complete details below

No, please go to questions 5

4.2 If you do have responsibility for others, what level of care do they require?

(e.g. an elderly parent, sibling who lives in or requires part-time care, or care for someone with a disability or medical condition)

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4.3 Please comment if any of your dependants have special needs.

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### 5. OTHER INFORMATION (All applicants)

Please note that the information you provide here will help the Selection Committee to thoroughly assess your suitability for the Scholarship. All information will be treated in the strictest of confidence.

5.1 Do you have a disability or chronic medical condition?

Yes, please refer to 5.2 below and comment how your conditions affects your ability to study and/or your enrolment in your Personal Statement

No, please go to questions 6

5.2 If 'yes' please provide a statement from your medical practitioner or other suitably qualified health provider detailing your medical condition or disability. The medical report should include comment on the severity of your condition or disability and how it affects your ability to study.

## 6. PERSONAL STATEMENT (Compulsory)

### 6.1 How would receipt of the scholarship assist you in the limitations you have identified?

If there is any information which has not been covered in your answers but which is important in the assessment of your application please provide details here e.g. Information about your personal or family background, unique financial circumstances, time taken to commute to Notre Dame from an outer suburb, etc.

Comments should be a minimum of 400 and a maximum of 800 words. Please also include relevant documentation to support your comments. Please attach this personal statement to your application.

## 7. REFERENCES/REFEREES

7.1 Students are required to submit two written references with the names and contact details of the referees.

## 8. STUDENT DECLARATION

- 8.1 1. I \_\_\_\_\_ agree to comply with the **Conditions of the Woss Family Scholarships in Medicine**, a copy of which has been provided to me.
2. I declare that the information that I have supplied on this form is true and correct. I understand that if I give false or misleading information, it is both a serious offence under the Criminal Code and a breach of the *Code of Conduct for Students Enrolled at the University* and may result (among other things) in the cancellation of my Scholarship.
3. I consent to the disclosure of my personal information (as defined in the Privacy Act 1988 (Commonwealth)):
- a) for the selection process of this Scholarship; and
  - b) to the Donor of this Scholarship.

Full Name (print)

ID Number

Signature

Date

### STUDENT CHECKLIST

- Application Form is signed and complete.
- CV is enclosed with two written references.
- Copies of AUSTUDY, Youth Allowance Payments (if applicable) enclosed.
- Copy of academic transcript from previous degrees enclosed.
- Copy of current academic transcript from Notre Dame enclosed.
- Evidence of disability or chronic medical condition (if applicable) enclosed.
- One photograph (headshot only) supplied with application.
- Personal Statement enclosed.

#### Please Note:

- › Applicants who do not include all the supporting documentation requested will be disadvantaged.
- › Supporting documents will not be returned. Accordingly please send in copies rather than original documents.

Your completed application should be delivered or posted to:

The University of Notre Dame Australia  
Ms Stefania Demurtas  
Senior Development Officer, Office of University Relations  
19 Mouat Street (ND1/107), Fremantle WA 6959

**Please note that late applications cannot be accepted.**

### OFFICE USE

DATE RECEIVED:

SIGNATURE:

STAFF MEMBER: