AMA INDIGENOUS PEOPLES' MEDICAL SCHOLARSHIP 2017
APPLICATION FORM

NAME……
family name first name middle name

HOME ADDRESS……

…… Postcode……

Tel Home ( ) …… Mobile ……

E-Mail…… Date of Birth ……/……/……

UNIVERSITY AT WHICH STUDIES ARE BEING UNDERTAKEN:

……

TITLE OF COURSE……

LENGTH OF COURSE …… YEAR COMMENCED ……

CURRENT YEAR OF STUDY ……

NAME OF CURRENT SCHOLARSHIPS OR BURSARIES

……

SIGNED …… DATE ……/……/……

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);
- A 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)
- 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 2017 academic year. This must be either a transcript or a letter from the university. Computer screen shots will NOT be accepted.

Please send this form and attachments by **31 January 2017** to:

Indigenous Peoples' Medical Scholarship
Att: Sandra Riley
Australian Medical Association
PO Box 6090
KINGSTON ACT 2604
Email: indigenousscholarship@ama.com.au