

THE NURSES' MEMORIAL FOUNDATION OF SOUTH AUSTRALIA LIMITED

APPLICATION FORM DR. ROGER WURM SCHOLARSHIP

NURSES' MEMORIAL FOUNDATION OF SOUTH AUSTRALIA LIMITED
Post Office Box 476 DC, Kent Town, SA 5071

**APPLICANT (Title,
Given and surnames
and postnominals)**

**CONTACT DETAILS
(Address, Phone, email)**

**COUNTRY OF BIRTH
AUSTRALIAN CITIZEN
OR PERMANENT
RESIDENT. PROVIDE
EVIDENCE**

QUALIFICATIONS

If a Graduate, please provide a copy of Diplomas, Degree, Practicing certificates

PLACE OF EMPLOYMENT:

NAME AND CONTACT DETAILS OF 2 PROFESSIONAL REFEREES

COSTS COSTS ANTICIPATED: Please provide in itemised attachment.

TOTAL AMOUNT REQUESTED: \$.....

PLEASE ATTACH:

- A synopsis of reasons for requesting a scholarship - no more than one page
- Copy of Registration, endorsement, enrolment as a student / practitioner
- Evidence of enrolment or registration, educational program details
- Study plan, conference program, academic transcripts
- Copy of receipts (if relevant)
- Copy of recent photograph - passport size is satisfactory
- Any other relevant information - specify

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THE ASSESSING COMMITTEE -

may contact you to clarify and part(s) of your application and will automatically reject the application of any data requested is not provided.

COPIES:

Please provide original and 2 complete copies of your application.

REPORTING:

Successful applicants are required to submit a written report at the completion of their Scholarship and before final payment is made.

ACKNOWLEDGEMENT:

Any publication relevant to this Scholarship must acknowledge the Nurses' Memorial Foundation of South Australia Limited.

REMINDER: CLOSING DATE IS ANUALLY ON APRIL 30TH.

DECLARATION:

**"I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE
AND CORRECT.**

**I ACCEPT THAT MY APPLICATION MAY BE UNSUCCESSFUL AND RESPECT THE
DECISION OF THE FOUNDATION AS BEING FINAL".**

SIGNED:

DATED:

**MAIL TO: THE SECRETARY: NURSES' MEMORIAL FOUNDATION OF SOUTH
AUSTRALIA LIMITED, Post Office Box 476 DC, Kent Town, SA 5071**