



**Victorian Medical Insurance Agency Ltd (VMIAL)  
PSA Insurance Medical and Dental Scholarships**

**Application form 2017 Scholarship**

**Closing date: WEDNESDAY 15 NOVEMBER 2017**

Use this form to apply for:

**Victorian Medical Insurance Agency  
Ltd (VMIAL)  
PSA Insurance Medical and Dental  
Scholarships**

Enquiries:

**Advancement Unit  
Faculty of Medicine, Dentistry and Health Sciences  
Ph. +61 3 8344 5888**

The VMIAL PSA Insurance Medical and Dental scholarships are for students from a Victorian rural or country background and of limited financial means who, without financial assistance, would not be able to apply for and complete studies in either the Doctor of Medicine (MD) or the Doctor of Dental Science (DDS) courses at the University of Melbourne. The scholarship provides board at a residential college associated with the University for the duration of the Medical or Dental course up to a maximum of \$27,500 per annum.

**Selection Criteria**

Applicants must satisfy **all** of the following criteria:

- 1) Be an Australian citizen
- 2) Be from rural or country Victoria
- 3) Be able to demonstrate financially compelling circumstances:
  - Provide documentary evidence of receipt of means-tested income support from Centrelink or;
  - For students who believe they experience financial need but do not receive income support payments from Centrelink, provide evidence of financial need, including an explanation for the absence of support payments from Centrelink
- 4) Be applying for entry into either of the below at the University of Melbourne, to commence in 2018:
  - Doctor of Medicine (MD) or;
  - Doctor of Dental Surgery (DDS)

**Application Process**

Submit a **HARD COPY** of your completed application form and supporting documents to the Faculty of Medicine, Dentistry and Health Sciences Advancement and Communications Office including:

- Proof of Australian citizenship
- Statement of no more than 1 A4 page supporting your application and financial need
- Relevant documentary evidence of financially compelling circumstances
- An academic transcript (certified copy) of your most recent studies if not a current student at the University of Melbourne




**Selection Process and outcome**


Selection is approved by the Dean of MDHS, on the recommendations from the selection committee and input from the VMIAL board. Successful and unsuccessful applicants will be notified by email in late January 2018.

### SECTION A: Applicant Details

1a	Family Name	
1b	Given Name(s)	
2	Date of birth (DD/MM/YYYY)	
3	Contact email address	
4a	Residential Address:	
	Unit/house number	
	Street	
	Suburb	
	State	
	Postcode	
4b	Postal address (if different from above)	
	Unit/house number	
	Street	
	Suburb	
	State	
	Postcode	

### SECTION B: Eligibility

1	Australian citizenship:	
	 Please attach proof of Australian citizenship A certified copy of either your:	
	• birth certificate or;	
	• valid passport or; • certificate of citizenship	
2	Rural or country Victoria background:	
	How many years have you lived in a rural area since commencing primary school?	
	Which rural area(s) have you lived in? <i>Please include both name(s) and postcode(s)</i>	
3	Details of your current financial need circumstances:	
	 Please attach a statement (1 A4 page maximum) in support of your application and need for financial aid	
	• Please include in your statement the name of your preferred college you would like to reside in, should your application be successful	
	 In addition to the one page statement, attach any other supporting documentation that provides evidence of financial need, including details of any payments received from Centrelink. Any documents from Centrelink should include:	

	<ul style="list-style-type: none"> <li>Your name</li> </ul>	
	<ul style="list-style-type: none"> <li>Title and dates of the benefit(s) received or eligible to you</li> </ul>	
	<ul style="list-style-type: none"> <li>The statement must be dated between 1 January 2016 and 28 November 2016</li> </ul>	
4	Current enrolment status:	
	<input type="checkbox"/> Planning to enroll	
	Course name	MD <input type="checkbox"/> DDS <input type="checkbox"/>
	<input type="checkbox"/> Currently enrolled at the University of Melbourne (2016)	
	Student ID (if applicable)	
	Course name	
	Semester	
	<input type="checkbox"/> Currently enrolled at another institution	
	Please provide details	
 Please attach a certified copy of your academic transcript of your most recent studies if outside the University of Melbourne		

### SECTION C: Checklist

Have you attached:	
<input type="checkbox"/>	Proof of Australian citizenship
<input type="checkbox"/>	Personal statement (1 A4 page maximum) detailing your current financial need and any other documents which support your application including Centrelink statements
<input type="checkbox"/>	A certified copy of your academic transcript of your most recent studies if outside of the University of Melbourne

### SECTION D: Applicant Declaration

<ul style="list-style-type: none"> <li>I confirm that the information I have provided is true and complete at the time of application</li> <li>I acknowledge that an incomplete/late application will not be considered</li> <li>I confirm that I have read and understood the accompanying eligibility and guidelines of the scholarship</li> </ul>
<ul style="list-style-type: none"> <li>I acknowledge I have made a separate application to the University affiliated accomodation provider in which I wish to reside should my application be successful</li> <li>I acknowledge that it is a serious offence under the Criminal Code to provide false or misleading information</li> </ul>

<b>Applicant signature</b>
<b>Date</b> /    /    (DD/MM/YYYY)

**Please send your application to:**

**Faculty of Medicine, Dentistry and Health Sciences  
C/- Advancement Unit  
PSA Insurance Scholarship Application  
Level 2, Alan Gilbert Building, 161 Barry Street,  
The University of Melbourne VIC 3010**

**ONLY APPLICATIONS DATE STAMPED BEFORE 5PM WEDNESDAY 15 NOVEMBER 2017  
WILL BE ACCEPTED**