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

**Application form 2016 Scholarship**
**Closing date:** MONDAY 9TH NOVEMBER 2015

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Ph. +61 3 8344 5888

The VMIAL PSA 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 full board at a residential college associated with the University for the duration of the Medical or Dental course.

#### 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 2016:
   - 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 Chairman of VMIAL, on the recommendations from the University of Melbourne and VMIAL board. Successful and unsuccessful applicants will be notified by email in late January 2016.
**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?
   - Please include both name(s) and postcode(s)

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:
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:

☐ Proof of Australian citizenship

☐ Personal statement (1 A4 page maximum) detailing your current financial need and any other documents which support your application including Centrelink statements

☐ A certified copy of your academic transcript of your most recent studies if outside of the University of Melbourne

SECTION D: Applicant Declaration

☐ I confirm that the information I have provided is true and complete at the time of application

☐ I acknowledge that an incomplete/late application will not be considered

☐ I confirm that I have read and understood the accompanying eligibility and guidelines of the scholarship

☐ I acknowledge that it is a serious offence under the Criminal Code to provide false or misleading information

Applicant signature

Date / / (DD/MM/YYYY)

Please send your application to:

Faculty of Medicine, Dentistry and Health Sciences
C/- Advancement Unit
VMIAL Scholarship Application
Level 4/ 766 Elizabeth Street
The University of Melbourne VIC 3010

ONLY APPLICATIONS DATE STAMPED BEFORE 5PM MONDAY 9 NOVEMBER 2015 WILL BE ACCEPTED