**Application Form**

In your application, please complete the *NACCHO Aboriginal and Torres Strait Islander Pharmacist Scholarship* application form, below and provide your CV/resume including referees and a letter of support (if available). Please email all requirements to: [Harrison.milne@naccho.org.au](mailto:Harrison.milne@naccho.org.au)

**Applications close: 5pm (AEST) Friday** **29 March 2024**.

Please confirm your eligibility before completing the form**:**

identify as Aboriginal and/or Torres Strait Islander, and

are enrolled (or accepted for enrolment) as a student at an Australian university in an undergraduate or postgraduate pharmacy program that leads to a qualification as a pharmacist.

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| --- | --- |
| **Personal Details** | |
| Surname |  |
| First Name |  |
| Address |  |
| Telephone/Mobile |  |
| Email address |  |
| **Course Details** | |
| University |  |
| Campus |  |
| Course/Degree |  |
| Commencement Date |  |
| Study Load (e.g. Full/Part time) |  |
| **Other scholarships**  Please provide details below if you are currently receiving any other scholarship/bursary/funding that contributes to university fees or study expenses | |
|  | |
| **Why should we choose you?**  Please provide in 250 words or less how this scholarship will assist you to pursue a career in pharmacy | |
|  | |
| **Declaration** | |
|  | In submitting this information, I declare that to the best of my knowledge and belief, the information I supplied in this application is correct and complete. I understand if I provide incorrect or incomplete information this may result in the cancellation of any offer made by NACCHO.  I understand that if NACCHO becomes aware of or has reason to believe that I have provided false and misleading information in my application, my eligibility will be reassessed.  I recognise it is my responsibility to provide all necessary documentation. |
| **Date** |  |