



Queensland  
Country Women's Association

# Pioneer Division Medical Bursary Application Form

Personal Contact Details			
Full Name			
Phone		Mobile	
Address			
Email		Date of Birth	
Parents Contact Details			
Full Names			
Address			
Phone			
Email			
Education Details			
Secondary Education			
Tertiary Education (If Any)			
Present Course of Study (Name of Institution And Details Of Course)			
<p><b>With this application, please include:</b></p> <ul style="list-style-type: none"> <li>• Short (500 words) resume of applicant's achievements and future aspirations</li> <li>• Written proof of achievement</li> <li>• Demonstrate the need for financial support</li> <li>• Three written, current (dated) character references</li> <li>• Details of continuing course</li> </ul> <p>Please ensure that ALL the above documentation is provided otherwise we cannot assess your application.</p>			
<p><b>Please send your application to:</b></p> <p>State Secretary <span style="float: right;">P 07 3236 6419</span>            The Queensland Country Women's Association            89-95 Gregory Terrace, <span style="float: right;">E <a href="mailto:secretary@qcwa.org.au">secretary@qcwa.org.au</a></span>            BRISBANE Q 4000</p>			
<b>Applications Close 31 January</b>			