

COUNTRY WOMEN'S ASSOCIATION OF NSW  
APPLICATION FORM FOR  
THE COWRA MEDICAL EDUCATION GRANT

**Applicants must:**

- have resided within the boundaries of CWA's **South West Group** for the past three years
  - be in their **second year or above** of a **health related course**
  - not have been offered or have received (for the coming year) any other grant, scholarship or bursary
  - agree to undertake **work experience in a rural area**, preferably within the South West.
- Grants are for one year and will be awarded on the basis of equity.

Applications must be submitted to and arrive at Cowra Branch CWA, PO Box 750, COWRA NSW 2794, or emailed to cowracwa@gmail.com - **no later than the 3rd Wednesday of January** for assessment.

Successful applicants to be notified by end of February.

**NOTE: LATE ENTRIES WILL NOT BE ACCEPTED. All applications are treated in strict confidence.**

**PLEASE FILL IN ALL THE BLANK SPACES (if not applicable then write N/A)**

**SECTION 1: PERSONAL DETAILS**

Name

Title: \_\_\_\_\_ Family name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

**Mailing address**

No and Street: \_\_\_\_\_

Suburb/Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of birth \_\_\_\_\_ M / F (please circle)

**Contact information**

Daytime telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

DO YOU HAVE A RELATIVE IN THE CWA? \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

(Not a requirement) HER NAME AND BRANCH: \_\_\_\_\_

FATHER/GUARDIAN, NAME & ADDRESS \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ FULL TIME/PART TIME/SELF EMPLOYED? \_\_\_\_\_

MOTHER/GUARDIAN, NAME & ADDRESS \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ FULL TIME/PART TIME/SELF EMPLOYED? \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Number of school age children: \_\_\_\_\_

DOES THE APPLICANT RECEIVE ANY FORM OF FINANCIAL SUPPORT? YES/NO  
IF YES, PROVIDE DETAILS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COWRA MEDICAL EDUCATIONAL GRANT APPLICATION (Cont'd)

**Living Arrangements:** Please provide a brief description of your current living arrangements whilst studying. i.e. share a unit/ house/ live on campus etc

---

---

Do you have any employment? Yes/ No If yes what type: \_\_\_\_\_

How much income (on average) per month does it provide? \_\_\_\_\_

What are your average expenses per month? \_\_\_\_\_

**SECTION 2: EDUCATION RECORD**

PRESENT EDUCATION FACILITY: \_\_\_\_\_ PRESENT YEAR: \_\_\_\_\_

PROPOSED COURSE AND EDUCATION FACILITY FOR THE COMING YEAR: \_\_\_\_\_

PERSONAL AIMS OF STUDENT IN REGARDS TO CHOSEN CAREER: \_\_\_\_\_

---

REASONS FOR THIS APPLICATION FOR ASSISTANCE: \_\_\_\_\_

---

---

**\*CONFIRMATION OF ENROLMENT/LATEST RESULTS TO BE ATTACHED\***

**SECTION 3: PERSONAL STATEMENT**

Attach a typed statement about you.

In not more than 500 words, describe your principal interests and activities over the last year. Include extra-curricular activities at university and/ or in the community, plus any volunteer and leadership roles, sporting involvement and awards received.

Outline your academic and career goals and your reasons for attending University. Include any course-specific information for the medical stream you are aspiring too.

SIGNATURE OF APPLICANT: \_\_\_\_\_

Date ...../...../.....