



# *Douglas Hill Memorial Foundation*

## *Medical Student Elective Scholarship Application*

### **Applicant Details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

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

Medical School: \_\_\_\_\_

Year: \_\_\_\_\_ / (total years)

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### **Project Details**

Organisation with whom you will work: \_\_\_\_\_

Name of hospital/ clinic where you will work: \_\_\_\_\_

Have you been accepted: \_\_\_\_\_ If not, at what stage are your plans?: \_\_\_\_\_

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### **Details of Proposed Project:**

### **Proposed Itinerary (Include details of date and mode of travel)**

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**Anticipated Costs**

Travel: \_\_\_\_\_ Accommodation: \_\_\_\_\_

How will you finance these costs?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you currently support yourself? (Centrelink/ scholarship/ work/ family/ other)

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**Motivation for Project**

Please describe your reasons for wanting to work in a low or middle income country and what you hope to achieve from your placement.

## Testimony

Please write up to half a page as testimony, past and present, to Christ in your life and discuss how your faith affects your life and studies.

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## Referees

Please ask two referees, your minister and a faculty member, to send references to the below email address.

The reference from a faculty member should include your overall performance as a student and team member, that you are eligible to complete an elective and whether your proposed placement has been approved yet.

- I confirm that the above information is true and correct to the best of my knowledge.
- I confirm that I am a student member of CMDFA/ that I have applied for membership
- If requested I will provide proof of my project and associated costs.
- If I am awarded a scholarship but, for any reason, do not commence my project I will return the scholarship funds promptly.
- After completing this project I will make a written report to the Doug Hill Memorial Foundation and give permission for this report to be published on the CMDFA website.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please send completed applications to [doughillmemorialfoundation@gmail.com](mailto:doughillmemorialfoundation@gmail.com)