

Medical Scholarship 2026

Form Preview

Applicant Details

* indicates a required field

Name *

First Name

Last Name

Preferred Phone Number *

Must be an Australian phone number. This can be home or mobile.

Email Address *

Home Address *

Address

Suburb

State

Postcode

Date of Birth *

Name of University *

Course Title *

Year Commenced *

Current Year of Study *

Statement of your aspirations, describing your purposes in studying Medicine and the uses to which you hope to put your training (maximum 500 words) *

Word count:

Please attach a copy of your Resume, including

Attach a file:

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academic achievements, results of performance tests, employment experience (if any) and achievements to your school and community (maximum 2 pages) *

Please attach a proof of acceptance into Medicine at the University of NSW.

Attach a file:

School Achievements and/or Civic Engagement - Details of any engagement you have undertaken while in High School, at University or in the community

Does you have any outstanding acquittals from previous rounds of AlburyCity grants or scholarships? *

Yes

No

If yes, please provide details

Please note that if successful, AlburyCity will pay the grant funding by cheque. Please ensure that your bank name is correctly inputted to avoid any issues in banking the cheque.

Name on the cheque

Application Declaration

*** indicates a required field**

*All questions must be answered.

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Council approves a grant, I will be required to accept the conditions of the grant in accordance with the Council audit requirements.

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- I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if the Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the Council.

Your Name *

Title

First Name

Last Name

Date of declaration

You are now at the end of the Application. To finalise and submit your grant application, please answer the following 3 simple feedback questions so we can improve our application process for the future.

Once you have answered the questions, press **REVIEW** (below right), download a copy for your records and then **SUBMIT**.

Good luck. The Assessment Panel will be convening in March and the panel recommendations will be presented at a Council meeting for ratification.

AlburyCity Feedback Questionnaire

Did you experience any problems or issues in completing the Application?