



Scholar Details 2010

Title

First Name.....

Surname.....

Date of Birth

University

Year of Study in 2010 (please circle) 1 2 3 4 5 6

Anticipated Year of Completion.....

Length of Course.....

Course type Undergraduate Graduate entry

Term contact details

Street

Suburb/Town

State.....Postcode.....

Phone.....Mobile

Fax.....

Email address

Home contact details *(if different from term address)*

Street

Suburb/Town.....

State.....Postcode.....

Phone.....Mobile.....

Fax

Email Address

Please complete this form and return it by **31 December 2009** to:
NRHA (RAMUS)
PO Box 280
DEAKIN WEST ACT 2600 Fax 02 6285 4670 Email ramus@ruralhealth.org.au

Bank account details (complete if your details have changed)

Account Name.....

Bank Name

Bank Branch Name

BSB (6 digits)Account Number

Mentor details (complete if details have changed)

Title..... First Name.....Surname.....

Street.....

Suburb/Town.....

State.....Postcode.....

Phone..... Mobile.....

Fax

Email Address

Other scholarships held in 2009 Yes (please provide details) No

Name of scholarship	Amount (\$) in 2009	Will continue in 2010?

Signature..... Date.....

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 DEAKIN WEST ACT 2600 Fax 02 6285 4670 Email ramus@ruralhealth.org.au