

RURAL PHARMACY SCHOLARSHIP SCHEME

ANNUAL SCHOLARSHIP AGREEMENT – NEW SCHOLARS

The Rural Pharmacy Scholarship Scheme is made available by the Australian Government to assist students with a rural background during their pharmacy studies. Financial assistance of \$10,000 per student per annum is provided for a maximum of four years of undergraduate study or a maximum of two years of postgraduate study.

To ensure that the scholarships are paid to those students who meet the eligibility criteria, you are asked to sign the following statement, which confirms your agreement to meet certain obligations attached to receiving these scholarship funds.

I, (*print name of scholarship recipient*)

hereby accept a Rural Pharmacy Scholarship. In accepting this scholarship, I confirm the following:

1. I am the person who applied for consideration for payment under the Rural Pharmacy Scholarship Scheme
2. I agree to notify the Pharmacy Programs Administrator Support Centre in writing within 7 days, should any of the following events occur:
 - a. I withdraw, defer, or am excluded from my pharmacy course, or I cease to study pharmacy full time
 - b. my financial circumstances change substantially.
3. I consent to my name, the rural region or town I come from and the university I attend being used in public documents or media reports, or being disclosed to third parties, in order to promote and publicise the Rural Pharmacy Scholarship Scheme
4. I consent to my contact details and the name of the university that I attend being provided to the National Rural Health Network to ensure that I receive information from my university's Rural Health Club or the nearest affiliated Rural Health Club
5. I agree to provide evidence of my membership to my university's Rural Health Club or the nearest affiliated Rural Health Club
6. I agree to participate in the Rural Pharmacy Scholarship Mentor Scheme and undertake the required activities, as outlined in the Rural Pharmacy Scholarship Mentor Scheme Program Rules.
7. I acknowledge and agree that:
 - a. I have received a copy of the Rural Pharmacy Scholarship Scheme Program Rules and the Pharmacy Programs Administrator General Terms and Conditions (General Terms)
 - b. The requirements set out in the Rural Pharmacy Scholarship Scheme Program Rules and the General Terms (to the extent that they apply to my scholarship), are incorporated in and form part of this Scholarship Agreement and I am bound by them
 - c. I have read and had a reasonable opportunity to understand the Rural Pharmacy Scholarship Scheme Program Rules and the General Terms prior to entering into this Scholarship Agreement
 - d. If I fail to comply with any of these requirements or any provision of the General Terms, my scholarship funding may be withdrawn or reduced, and I may be required to return scholarship funds paid to me
 - e. Payment of scholarship funds to me is conditional on the Australian Government making those funds available for that purpose, and the Pharmacy Programs Administrator is not obliged to make scholarship payments unless it is in receipt of that funding and is lawfully authorised to apply those funds towards scholarship payments to me



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- f. I understand that obtaining scholarship funds for which I am not eligible may render me liable to prosecution under the laws of the Commonwealth.

Please enter your full name below. *This will be accepted as an electronic signature.*

Full name:

Date:

Please note that any information you have supplied to the Pharmacy Programs Administrator or Department of Health, Disability and Ageing in connection with your application for the Rural Pharmacy Scholarship Scheme will be dealt with in accordance with the provisions of the National Privacy Principles, which came into effect on 21 December 2001.

This program is funded by the Australian Government.



CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au