

RURAL PHARMACY SCHOLARSHIP SCHEME

ANNUAL SCHOLARSHIP AGREEMENT – RETURNING 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 ongoing agreement to meet certain obligations attached to receiving these scholarship funds.

I, (print name of scholarship holder)

am currently a Rural Pharmacy Scholarship recipient. In accepting this scholarship. I confirm that I continue to agree to the following:

1. 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.
2. I agree to provide evidence of my membership to my university's Rural Health Club or the nearest affiliated Rural Health Club
3. 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
4. If I fail to comply with any of these requirements or any provision of the General Terms, my scholarship funding may be withdrawn or reduced, and I may be required to return scholarship funds paid to me
5. 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
6. 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 Aboriginal and Torres Strait Islander 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.

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