

Margaret Corden Scholarship Application Form

Contact 1

First name:	Last name:
Address:	
Email:	
Phone:	Mobile:

Contact 2 (if applicable)

First name:	Last name:
Address:	
Email:	
Phone:	Mobile:

Selection criteria:

Merit of the project

- The knowledge or skills gained provides value and benefits to palliative care services or clients, their families and carers.
- The project provides the community with a greater understanding of palliative care.
- The project provides the applicant with enhanced skills and expertise in palliative care.
- The project makes a difference in palliative care provisions.

Merit of the applicant

- The applicant displays significant commitment to the field of palliative care and will continue to that field into the future.

Contact 1

I am an Australian citizen or a permanent resident of Australia <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am living or working in the ACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
Signature	Date

Contact 2 (if applicable)

I am an Australian citizen or a permanent resident of Australia <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am living or working in the ACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
Signature	Date

Project Name and Purpose

Please name your project and describe how it will enhance/advance the care given to palliative patients or services:

Project Outline

Please address the selection criteria in describing your project:

Budget

Please outline how the grant will be spent (approximation accepted):

Thank you for your application