

## DEREK LEON SCHOLARSHIP

### APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

UNIVERSITY APPLIED TO: \_\_\_\_\_

COURSE APPLIED FOR: \_\_\_\_\_

This document is the first stage of application for the Derek Leon scholarship. Students currently studying year 12 in East Gippsland and Wellington shires are encouraged to submit your initial application on this form.

You must address each numbered question and you are expected to write a minimum of half A4 page response to each question. (Use size 12 Times New Roman font.)

Closing date is 30<sup>th</sup> December.

Submit the completed form by

Email: [info@egpha.com.au](mailto:info@egpha.com.au) Subject line: Derek Leon Scholarship

Fax: 03 5153 0384

Post: East Gippsland Primary Health Alliance

Attn: Derek Leon Scholarship

PO Box 1210

Bairnsdale Victoria 3875

Question 1:

Your life until now (where you have lived and studied):

Question 2:

Why you want to study medicine:

Question 3:

What areas of medicine interest you:

Question 4:

Where you want to work as a doctor:

Question 5:  
Your career plans for the next 10 years: