

ABORIGINAL AND TORRES STRAIT ISLANDER SCHOLARSHIP SCHEME**ANNUAL SCHOLARSHIP AGREEMENT – RETURNING SCHOLARS**

The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme is made available by the Australian Government to assist Aboriginal and/or Torres Strait Islander students, particularly from a rural background during their pharmacy studies. Financial assistance of \$15,000 per annum is provided for a maximum of four years.

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 an Aboriginal and Torres Strait Islander Pharmacy Scholarship recipient. I confirm that I continue to agree to the following:

1. I agree to contact the Pharmacy Programs Administrator Support Centre and notify them in writing within seven days, should any of the following events occur:
 - I withdraw, defer, am excluded from my pharmacy course, or cease to study pharmacy full-time
2. I agree to provide evidence of my membership to my university's Rural Health Club and any other required evidence of ongoing eligibility
3. I agree to participate in the Rural Pharmacy Scholarship Mentor Scheme and undertake the required activities, as outlined in the Program Rules
4. If I fail to comply with any of these requirements or any provision of the Pharmacy Programs Administrator General Terms and Conditions my scholarship funding may be withdrawn or reduced, and I may be required to return scholarship funds paid to me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 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