

APPLICATION FOR HEDLEY LUX GREGG BURSARY FOR 2009

Rules

Whereas Hedley Lux Gregg of Campania, has bequeathed the sum of \$32,665 to be held upon trust by the Perpetual Trustees and National Executors of Tasmania Limited, to provide bursaries, payments or other financial assistance to students deserving of assistance in the Faculty of Medicine [now the Faculty of Health Science] in the University of Tasmania and whereas the late Mr Gregg further provided that the Council of the University, upon the recommendation of the Faculty of Medicine, may make rules for the distribution of and eligibility for grants or payments from the income from the said trust, it is hereby provided as follows:

- 1 A number of Bursaries to be called the Hedley Lux Gregg Bursaries in Medicine (here in after referred to as the Bursaries) are founded under the terms and conditions of these rules.
- 2 The Bursaries shall be offered annually to students in the Faculty of Medicine & Pharmacy. They shall be awarded usually to students in the clinical years of their course.
- 3 Applications for the Bursaries shall be considered by the Academic Committee of the Faculty of Medicine & Pharmacy.
- 4 The Bursaries shall be tenable for the remainder of a student's degree course provided his or her progress is considered by the Academic Committee to be satisfactory. If in any year the Committee considered that a scholar's progress has been unsatisfactory, it may terminate a Bursary or suspend it for one year. In the latter event it may re-award a Bursary to the same student after a further academic year, if it considers that his or her academic record in that year justifies such action.
- 5 The value of the Bursaries shall be determined by the Academic Senate, on the recommendation of the Academic Committee, having regard to the income of the trust.
- 6 All other matters concerning the Bursaries, including the closing date for applications, the criteria of selection and method of payment shall be determined by the Academic Committee.

Fill in all sections of the form and attach any documents or statements to support your application. Return the application form to the School of Medicine Office, University of Tasmania, Private Bag 68, Hobart TAS 7000.

Email – Admin@med.utas.edu.au

Closing date for applications 8 May 2009
Late applications will not be accepted

NAME: _____

ADDRESS: _____

TERM ADDRESS (if different from above): _____

EMAIL: _____

CURRENT YEAR OF MEDICAL COURSE: _____

DECLARATION

I declare that, to the best of my knowledge, the details provided by me and contained in this application for The Hedley Lux Gregg Bursary are true and correct. I understand that I may be required to provide additional information or evidence in support of any statements made in this application.

Signature of Applicant

Date

PART A: INCOME DETAILS

- | | | | | |
|----|---------------------|--------|-----------------|----------|
| 1. | AUSTUDY | Yes/No | Amount per week | \$ _____ |
| 2. | SCHOLARSHIP/BURSARY | Yes/No | Amount per week | \$ _____ |

Name of Scholarships or Bursaries held:

- | | | | | |
|----|--------------------------|--------|-----------------|----------|
| 3. | CASUAL OR PART-TIME WORK | Yes/No | Amount per week | \$ _____ |
|----|--------------------------|--------|-----------------|----------|

Describe positions held:

(average for 52 weeks)

- | | | | | |
|----|-----------------------|--------|-----------------|----------|
| 4. | PARENTAL CONTRIBUTION | Yes/No | Amount per week | \$ _____ |
|----|-----------------------|--------|-----------------|----------|

(average for 52 weeks)

- | | | | | |
|----|-------------------|--------|-----------------|----------|
| 5. | INVESTMENT INCOME | Yes/No | Amount per week | \$ _____ |
|----|-------------------|--------|-----------------|----------|

(average for 52 weeks)

Give details:

- | | | | | |
|----|-----------------------------|--|--|--|
| 6. | OTHER INCOME (give details) | | | |
|----|-----------------------------|--|--|--|

Amount per week
(average for 52 weeks) \$ _____

TOTAL INCOME PER WEEK \$ _____

PART B: EXPENSES

1.	BOARD With parents	Yes/No	Amount per week (average for 52 weeks)	\$ _____
2.	RENTAL		Amount per week (average for 52 weeks)	\$ _____
	University/College/Student Housing/Other (please specify)			
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3.	FOOD		Amount per week	\$ _____
4.	SERVICES (HEC, phone etc)		Amount per week	\$ _____
5.	TRANSPORT Fares or vehicle expenses.		Amount per week (average for 52 weeks)	\$ _____
			TOTAL EXPENSES PER WEEK	\$ _____

PART C: STATEMENT OF ASSETS

1.	BANK/CREDIT UNION/BUILDING SOCIETY ACCOUNTS	Yes/No	Current balance(s)	\$ _____
2.	INVESTMENT ACCOUNTS	Yes/No	Current balance(s)	\$ _____
	Name(s) of Bank(s)/Credit Union(s)/Building Society where accounts are held:			
3.	PROPERTY	Yes/No	Current value	\$ _____
4.	MOTOR VEHICLE	Yes/No	Current value	\$ _____
5.	OTHER Please specify			
			Current Value	\$ _____
			TOTAL VALUE OF ASSETS	\$ _____

PART D: LIABILITIES

1.	BANK LOAN OR OVERDRAFT	Yes/No	(a) currently owed	\$ _____
			(b) weekly repayment	\$ _____
2.	CREDIT CARDS	Yes/No	(a) currently owed	\$ _____
			(b) weekly repayment	\$ _____
3.	STUDENT LOAN/MORTGAGE	Yes/No	(a) currently owed	\$ _____
			(b) weekly repayment	\$ _____
4.	MOTOR VEHICLE FINANCE	Yes/No	(a) currently owed	\$ _____
			(b) weekly repayment	\$ _____
5.	OTHER (please specify)	Yes/No	(a) currently owed	\$ _____
	_____		(b) weekly repayment	\$ _____
			TOTAL CURRENTLY OWED:	\$ _____
			TOTAL WEEKLY REPAYMENTS:	\$ _____

