

# APPLICATION FOR M RUSHFORTH BURSARY FOR 2009

## RULES

Whereas an anonymous donor has offered a sum of \$10,000 to promote the study of ophthalmology; and whereas the donor has requested that the sum be used to provide assistance to students in the clinical years of the course for the degree of Bachelor of Medicine and Bachelor of Surgery who may wish later to specialise in ophthalmology; and whereas the donor has asked that the name of M Rushforth be associated with the Bursary; and whereas the sum has been accepted by the Council of the University which has agreed to the foundation of a Bursary in the terms declared in these Rules, it is hereby provided as follows:

- 1 The aforesaid sum, together with any accumulation of income from time to time added thereto, shall form the endowment of a Bursary to be called the M. Rushforth Bursary.
- 2 The Bursary shall be awarded to students in the fifth or sixth year of the course for the degree of Bachelor of Medicine and Bachelor of Surgery.
- 3 The award shall be made to students wishing to take an ophthalmology elective in a ophthalmology unit **outside** Tasmania.
- 4 Applications for the award shall be made at the beginning of the fifth year of the degree course.
- 5 The award shall be made by a committee appointed for this purpose by the Academic Dean of the Faculty of Medicine and Pharmacy [now the Dean of the Faculty of Health Science].
- 6 Subject to these Rules, the committee may determine the detailed procedures for the selection and award of the Bursary.
- 7 The Bursary shall be of such value as may be determined from time to time in accordance with the income from the endowment.

Note:

Your submission should include the objectives of the project, method of study, a statement as to how this project relates to the career aspirations of the applicant, the supervisor's name and address and estimated costs of the project. Each application must also include a copy of the applicant's curriculum vitae.

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](mailto:Admin@med.utas.edu.au)

**Application close on 8 May 2009. Late applications will not be accepted.**

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

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

\_\_\_\_\_

\_\_\_\_\_

ELECTIVE TITLE: \_\_\_\_\_

\_\_\_\_\_

PROPOSED DATES FOR ELECTIVE: \_\_\_\_\_

ELECTIVE TO BE UNDERTAKEN AT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH CONFIRMATION OF ARRANGEMENTS.**

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_