**Medicus College**
Adelaide I Canberra I Sydney
Phone: 1300 131 017 | Email: info@medicus.edu.au
www.medicus.edu.au

# Scholarship Application

| | | | |
|---|---|---|---|
| Surname: | | First Name: | |
| D.O.B: | | Mobile#: | |
| Email: | | | |
| Address: | | | |
| City: | | | |
| State: | | Zip: | |

# Scholarship Information

| **Academic Scholarship (Attach official Grade Transcript)** | | **Talent/Skill Scholarship (Attach Related Documents)** | |
|---|---|---|---|
| Grade Point Average: | | Skill: | |
| Year in School/College: | | Talent: | |
| Institution Name: | | | |

Describe the achievement

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Attach the certificate of appreciation and letter
☐ I have read all the terms and conditions (https://medicus.edu.au/scholarships/)

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of applicant: _____ Date: _____