

**SCHOOL OF ALLIED HEALTH**

**DISCIPLINE OF PODIATRY**

**GWEN SAUNDERS MEMORIAL BURSARY**

**APPLICATION FORM**

All information provided will be held in the strictest confidence.

**PLEASE READ** **THIS SECTION CAREFULLY BEFORE**

**COMPLETING YOUR APPLICATION**

**Background**

This award was established as a trust fund by the late Mr Walter Schnock to honour the memory of Ms Gwen Saunders. Ms Saunders trained as a podiatrist and was involved as a member of the National Society of Chiropodists, which was to become the Australian Podiatry Association (Vic). She then served 20 years on the Council of that organisation. Her area of interest and expertise was in the field of education. She was also appointed to the Academic Committee of the Lincoln Institute of Health Sciences to promote the inclusion of the podiatry course as part of their academic syllabus. It was ultimately adopted as the prototype for the degree course that now exists at La Trobe University. For more than thirty years Ms Saunders was in charge of the Diabetic Foot Clinic at St Vincent’s Hospital Melbourne and later was in private practice. She is remembered as a quiet achiever, cook extraordinaire, racing enthusiast, listener, talented musician, green thumb gardener, feminist ahead of her time, dancer, decorator, family person and trusted friend.

**Criteria**

This award is given to a first year Bachelor of Podiatry (Honours) student. Preference will be given to a student from a rural area within Australia and who may have experienced financial hardship. Academic merit is not a criterion for the award.

The value of the award is $600 and will be paid into your bank account at the end of the selection process. This bursary does not specify how the money is to be used therefore it is at the discretion of the student.

# How to apply

To apply for the bursary you must:

1. Provide a personal submission (no more than six hundred words) detailing why you should be the beneficiary of this bursary.
2. Attach any documentation to support claims of financial hardship such as Youth Allowance, Austudy or ABSTUDY certification, a photocopy of your health care card, disability pension or any other benefit.
3. Attach a supporting statement from a respected member of your local community who is aware of your circumstances. This person could be someone such as a school teacher, doctor, solicitor, police officer etc. This person cannot be a family member and should have known you for a minimum of three years.

**PERSONAL DETAILS**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_

Address for Correspondence (if different from above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(must be a valid LaTrobe email)**

Telephone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Male Female

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school or institution you last attended

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year you last attended this school / institution

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander descent? YES NO

Do you receive assistance by any of the following means?

(Please tick where applicable)

Youth Allowance

Austudy

ABSTUDY

Disability Pension

Health Care Card

Other (Please provide details)

Please provide a brief statement explaining why you wish to study Podiatry and what your personal goals are for the future. (No more than 600 words.)

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**STATUTORY DECLARATION**

A statutory declaration must be witnessed by a person with authority to do so e.g. a Justice of the Peace, a barrister and solicitor of the Supreme Court, a member of the police force, sheriff or deputy sheriff, member of parliament, municipal councilor, registered medical practitioner, dentist, veterinary surgeon, pharmacist, principal in the teaching service, bank manager, minister of religion, etc. Your parents cannot witness this statutory declaration.

**Please sign below** after completing all sections of this form.

**Applications will not be accepted if they are not signed and witnessed.**

I declare that all the information provided on this application form is correct, and I understand that the University reserves the right at any stage to vary or reverse any decision made on the basis of incorrect or incomplete information provided by me. I recognise that the University may confirm or obtain official records from any educational institutions attended by me.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST**

Please check that you have attached the following documents/details:

Copy of personal submission

Copy of any documentation to support claims of financial hardship

Copy of supporting statement

**PLEASE FORWARD YOUR COMPLETED APPLICATION TO:**

## Mr Nikolaos Nikolopoulos

[n.nikolopoulos@latrobe.edu.au](mailto:n.nikolopoulos@latrobe.edu.au)

## First year Senior Discipline Mentor

**Health Sciences 3, Room 544**

**La Trobe University**

**Bundoora, VIC 3086**

CLOSING DATE FOR RECEIPT OF APPLICATIONS IS 30 May 2021

APPLICANTS WILL BE NOTIFIED OF THE OUTCOME VIA EMAIL