

ACA National Study Grant Application



Applicant ID (office use only):

1. APPLICANT DETAILS

Family name		Given name		Title	
Postal address					
Phone		Email			
ACA Member number (if applicable)					

2. ELIGIBILITY

- ☐ of Aboriginal and/or Torres Strait Islander descent and Australian resident
Applicants must identify as and be able to provide a confirmation of their Aboriginal and/or Torres Strait Islander status.
- ☐ enrolled or accepted into an entry level or graduate entry level chiropractic course
Supporting documents will need to be provided. (Funding is not for postgraduate study).
- ☐ be a current member of or willingness to join the Australian Chiropractors Association.
- ☐ be a current member of or willingness to join Indigenous Allied Health Australia

3. TERTIARY INSTITUTION *(institution/faculty/department)*

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4. SELECTION CRITERIA

4a. Describe what has been your driving influence/motivation in wanting to become a chiropractor
(up to 200 words)

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4b. Discuss what you hope to accomplish as a chiropractor in the next 5-10 years *(up to 200 words)*

4c. Discuss your commitment to study in chiropractic *(up to 200 words)*

4d. Outline your involvement in community activities, including promoting the health and well-being of Aboriginal and Torres Strait Islander people *(up to 200 words)*

4e. How will the scholarship benefit you professionally, personally and culturally *(up to 200 words)*

5. DECLARATION

I declare that to the best of my knowledge the details provided in this application form and in any supporting documentation are true and complete. I am aware that there are severe penalties for providing false or misleading information, including exclusion of my application and cancellation of scholarship support.

In applying for this scholarship, I hereby give consent for the application to be made available to others for purpose of providing peer review. If successful in this application I agree to abide by the conditions of award as stipulated in the ACA Scholarship Funding Agreement.

Applicant _____

Signature _____

Date _____

Please provide this to ACA no later than **31 December 2021**.

Return application to:

Kim Tompkin – kim.tompkin@chiro.org.au

Australian Chiropractors Association Limited

Level 1, 75 George Street,

Parramatta NSW 2150