

The Douglas Hill Memorial Foundation

Application Form for Assistance

Secretary: Dr Suzanne Bougher
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Name:	Age:
Address:	Phone:
Are you presently on Austudy? Yes/No	
If not, do you support yourself financially? Yes/No	
Medical School (name and year):	
Hospital:	
Details of Project:	
Organisation with whom you will work:	
	. *
Have you been accepted? Yes/No If not,at what s	
Trave you been accepted: Tes/110 It not, at what s	
Will this appoint to be be with a second No. (No. (No. 1)	
Will this organisation help with any costs? Yes/No Travel/Living costs?	
Outline details of your proposed project:	
Proposed itinerary (dates of arrival and departure and place):	
Anticipated Costs: Travel Liv	ing Expenses
How do you propose to finance this? (Please give a breakdown of sources, i.e, own	
savings, parent gift, loan, bank loan etc.)	
Write up to half a page as a Testimony, past and present, to Chrisfects your life and studies.	st in your life, discussing how your faith af-
Write up to half a page on your reasons for wanting to work in a d to achieve from it.	developing country and state what you hope
Referees: Please ask two referees (your minister and a faculty teacher) to send a reference to the above address.	
After completing this project I will be prepared to make	
Signed	
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