

The Fund Administrator
Nurse Scholarship Program:
Rural and Remote Undergraduate Scheme
Royal College of Nursing, Australia
PO Box 219
DEAKIN WEST ACT 2600

Date Ref: UG2009

RE: Declaration for Undergraduate Scheme Application

I wish to advise that I have authorised _____ (*name of person completing form*) to complete the Undergraduate Scheme Application form on my behalf.

I certify that I have provided _____ (*name of person completing form*) with the information required for the completion of the Application form. To the best of my knowledge the information I have provided is true and correct in every particular. I understand that there are penalties, which apply to knowingly providing false or misleading information.

Yours sincerely

Printed name of Applicant

Signature of Applicant

Printed Name of Person
completing the form

Signature of Person
