



Date:

The Fund Administrator  
Puggy Hunter Memorial Scholarship Scheme  
Royal College of Nursing, Australia  
PO Box 219  
DEAKIN WEST ACT 2600

**RE: Declaration for Puggy Hunter Memorial Scholarship Scheme Application**

I wish to advise that I have authorised \_\_\_\_\_  
(*insert name of person completing the form*) to complete the Application form on my behalf.

I certify that I have provided \_\_\_\_\_ (*insert name of person completing the 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 names of:

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<b>Applicant</b>	<b>Person completing the form</b>
Signatures of:	

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<b>Applicant</b>	<b>Person completing the form</b>
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**Date** \_\_\_\_\_