**To be completed by the NSW Rural Allied Health Scholarship Applicant:**

2024 Rural Allied Health Undergraduate/Entry Level Scholarship

Letter of Support from Rural Representative

Name:

Course:       Year:

University:

**To be completed by a Rural Community Representative (someone other than a family member):**

Name:

Community which you are representing:

Organisation you are representing:

Telephone:       Fax:

Email:

I declare that I have known       for a period of       years through their participation in      .

**Please describe the applicant’s involvement in the local rural community:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: