

# CVMF Ron Faoro DVM Student Scholarship Fund Leadership Role Application

Please complete this form and print it for your records before submitting. All questions must be answered in order to be considered.

## STUDENT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CALIFORNIA MAILING ADDRESS FOR RESIDENCY VERIFICATION (if different from current address)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## EDUCATION

College of Veterinary Medicine: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Please Choose ONE of the options below:

I am a 2<sup>nd</sup> year student

I am a 3<sup>rd</sup> year student

I am a 4<sup>th</sup> year student

GPA: \_\_\_\_\_

Provide the school official who can verify your GPA. CVMF will verify this information with your school at the appropriate time during the review process.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_



5. What do you see as the benefits of organized veterinary medicine? (85 words or less)

6. State other circumstances which should be considered. (85 words or less)

**CERTIFICATION OF UNDERSTANDING AND ACCURACY OF INFORMATION PROVIDED**

In applying for this scholarship, I understand the scholarship will be awarded for one year without regard to race, national origin, religion, sex, age, handicap, or veteran status. Further, I understand the qualifications for receiving a scholarship include that I be a student in good standing at an AVMA accredited veterinary college or university, and that CVMF will verify my GPA with the school representative I indicated above if I am selected. I agree to allow use of my name for student scholarship award marketing purposes if I receive this award. If I wish to be considered for a scholarship in subsequent years, I must reapply. I certify that all information provided is complete and accurate to the best of my knowledge.

I agree: \_\_\_\_\_  
Signature

Please submit your completed application to [staff@cvma.net](mailto:staff@cvma.net) by April 13, 2018.