

CVMF/VISC Student Scholarship Award 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 3rd year student

I am a 4th 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: _____

APPLICANT QUESTIONS

1. State your past and current employment, participation in student organizations, and externships. (100 words or less)
2. State veterinary and non-veterinary activities you have participated in, such as research projects, community service, international service, and honors. (100 words or less)
3. State your career path (e.g. Companion animal, food animal, shelter medicine, etc.) and your post-graduation plans. (80 words or less)
4. What do you see as the benefits of organized veterinary medicine? (80 words or less)
5. State the importance of insurance in the veterinary profession. (80 words or less)

6. State other circumstances which should be considered. (80 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@cvmf.net by April 13, 2018.