

CVMF Ron Faoro DVM Student Scholarship Fund Human-Animal Bond Role Application

Please complete this form and print it for your records before submitting. **All three 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 circle ONE of the options below:

I am a 2nd year student

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: _____

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 12, 2019.