CALIFORNIA VETERINARY MEDICAL FOUNDATION

CVMF Ron Faoro DVM Student Scholarship Fund Application

Submission deadline: April 15, 2026

Please complete this form and save/print it for your records before submitting. (Before completing the form, please carefully read the "Certification of Understanding and Accuracy of Information Provided" at the conclusion of the form.)

STUDENT INFORMATION

First Name: Last Name:

Current Address:

City/State/Zip:

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:

I am a: 2nd year student   3rd year student   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

(All six questions must be answered in order for your application to be considered. Note the word limits and point values assigned to each question.)

1. Describe your participation in veterinary student clubs and organizations, including your specific role/involvement in any such organizations. (No word limit; maximum value of 7 points.)

2. Describe your participation in California Veterinary Medical Association-specific services and/or activities. (100 words or less; maximum value of 5 points.)

3. Describe any community activities (in addition to those identified in response to Question Nos. 1 and 2) in which you participate. Where applicable, include project descriptions and recognition you have received. (100 words or less; maximum value of 5 points.)

4. How will you incorporate your leadership skills in your career as a veterinarian? (100 words or less; maximum value of 5 points.)

5. What do you see as the benefits of organized veterinary medicine? (100 words or less; maximum value of 10 points.)

6. Describe other factors that you feel make you an exceptional candidate for this scholarship.
(100 words or less; maximum value of 5 points.)

CERTIFICATION OF UNDERSTANDING AND ACCURACY OF INFORMATION PROVIDED

In tendering this application, I represent that the above questions have been answered in my "own voice," and that my responses were not produced via the use of artificial intelligence. I further understand that if my application is determined to have been generated in whole or in part using artificial intelligence, it may be disqualified from consideration in the sole discretion of the scholarship committee. 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 15, 2026.