



# CVMF/VISC Student Scholarship Award Application

Submission deadline: April 15, 2024

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

## 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: \_\_\_\_\_

Please Choose ONE of the options below:

- 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: \_\_\_\_\_

**APPLICANT QUESTIONS (All six questions must be answered in order to be considered.)**

1. State your past and current employment and participation in student organizations during veterinary school. **(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. **(100 words or less)**

4. What do you see as the benefits of organized veterinary medicine? **(100 words or less)**

5. State the importance of insurance for practicing veterinarians. **(100 words or less)**

6. State other circumstances supporting your candidacy for this scholarship. **(100 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](mailto:staff@cvmf.net) by April 15, 2024.