

Veterinary Scholarship Trust of New England General Scholarship Application

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*Applicants must be enrolled in a program in the USA, Canada, or USA territories.
Deadline is February 1 of the current year.*

Date: _____

Applicant

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: ____ - ____ - ____ Email: _____

Please include a second e-mail address if primary one will not be valid after graduation.

Email: _____

Phone Numbers

Cell _____ Permanent _____ Present Home _____

Address

Present: _____

City _____ State _____ Zip _____

Permanent (if different): _____

City _____ State _____ Zip _____

Years at Permanent Address: _____

New England State of Residence: _____

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Education

Veterinary College Attending: _____

Years completed: _____ Month/Year you expect to graduate: _____

Undergraduate: _____ Year graduated: _____

City _____ State _____ Zip _____

High School: _____ Year graduated: _____

City _____ State _____ Zip _____

If you did not graduate from a New England high school, please attach a list of your home (legal residence) addresses for five years preceding matriculation into veterinary school; only students with five years residence apart from college will be considered.

The information on this application is correct to the best of my knowledge.

Applicant Signature

Date

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Confirmation of Student Standing for: _____

Veterinary School Official:

The above-named student is in good standing at this school.

Signature, Veterinary School Official

Title

School

Date

Veterinarian Practicing in New England:

I am familiar with the above-named veterinary student.

Signature, Veterinarian in New England

Title

Practice Name

Date