

## **New Haven County**

# **Veterinary Medical Association**

4 Devine Street

North Haven, CT 06473

#### Dear Applicant,

Thank you for your interest in the New Haven County Veterinary Medical Association scholarship. This award is to provide financial assistance to individuals from New Haven County who are actively enrolled, in good standing, attending an AVMA accredited veterinary school.

Attached you will find a copy of the application form. The completed application must be submitted no later than August 31<sup>st</sup>.

## **New Haven Country**

## Veterinary Medical Association

#### Scholarship Application

#### Scholarship Is For A One Time \$5,000.00 Award

Return To:		Ken Aldrich	
		Central Hospital for Veterinary Medicine	
		4 Devine Street	
		North Haven, CT 06473	
1.	Person	al Information	
	a.	Name of Applicant:	
	b.	Address:	
	C.	Telephone:	
2.	School	Information	
	a.	Veterinary School:	
	b.	Year Admitted:	
	c.	Expected Graduation Date:	
3.		eparate sheet of paper please tell us about the following:	
	a.	Extracurricular Activities	
	b.	Awards	
	c.	Community Service	
	d.	What are your career goals and plans	
	e.	Financial need	
4.	Signatu	ure: By signing below you attest that all information you provided for this app Haven County Veterinary Medical Association is accurate and correct at tapplication.	

Date

Signature