THE HAROLD WETTERBERG FOUNDATION

VETERINARY MEDICINE
SCHOLARSHIP APPLICATION

2010

Administered by the Association of American Veterinary Medical Colleges

Association of American Veterinary Colleges
Harold Wetterberg Scholarship
1101 Vermont Avenue NW, Suite 301
Washington, DC 20005

DEADLINE FOR APPLICATIONS: Friday, March 19, 2010
**THE HAROLD WETTERBERG SCHOLARSHIP**
The Harold Wetterberg Foundation is awarding scholarships for current or former residents of New Jersey who are enrolled in post-graduate education in veterinary medicine. Consideration will also be given to veterinary medical students who are enrolled in the second or third year of the professional DVM curriculum during the 2009-10 academic year.

**ELIGIBILITY**
Applicants must establish a connection to the state of New Jersey based on one or more of the following:
- Current or former legal residency in the state of New Jersey;
- Graduation from a New Jersey high school; or
- Graduation from or attendance at a New Jersey college or university.

Preference will be given to students who have received a veterinary medical degree and are currently enrolled in a post-graduate program in veterinary medicine, including clinical residency programs, at an AAVMC Member Institution (U.S. or Canadian college or school of veterinary medicine, department of veterinary science, or department of comparative medicine). Preference will also be given to veterinary medical students who are enrolled in the second or later year of a dual degree program during the 2009-10 academic year. Examples of dual degree programs include DVM/PhD, DVM/MS, and DVM/MPH or equivalent degree.

Consideration will be given to students who are currently enrolled in the second or third year of a professional DVM curriculum during the 2009-10 academic year; veterinary students who are currently enrolled in the first year of the professional curriculum are not eligible to apply for this scholarship.

**CRITERIA AND SELECTION PROCESS**
The scholarship is largely merit-based with some consideration given to financial need. An AAVMC pre-selection committee will forward the most highly qualified finalists to the Board of Trustees of The Harold Wetterberg Foundation. The Board of Trustees will make the final selection of recipients from the pool of finalists. Scholarship recipients will be notified of their selection in July 2010.

Recipients may be eligible to receive continued financial support throughout their academic programs; however, the continuation of support is at the sole discretion of the Harold Wetterberg Foundation. If a recipient wishes to receive funding in subsequent years, he/she will be notified by letter of his/her continued eligibility and the documents required to apply. **Recipients' academic progress will be monitored on an annual basis. If a scholarship recipient does not complete the program of graduate or professional study, he or she may be required to return the scholarship money to The Harold Wetterberg Foundation, depending on individual circumstances.**

**DEADLINE FOR APPLICATIONS**
Applications must arrive at the AAVMC office before **Friday, March 19, 2010, at 5:00 PM ET**. Applications received after this time will not be considered. Applicants must allow sufficient time for packages to be mailed or sent by express delivery. **Only original applications will be accepted.** No fax or email copies will be considered. Please send applications to:

**AAVMC / Harold Wetterberg Scholarship**  
1101 Vermont Avenue NW, Suite 301  
Washington, DC 20005

**We are unable to confirm the delivery and receipt of individual applications.** However, we will notify you of any transcripts or letters of recommendation that have not been received by the deadline and give you an opportunity to provide the missing materials. If you wish to receive confirmation of delivery of your application package, you must request this service from the post office or Delivery Company.
I. PERSONAL INFORMATION

1. Name: ____________________________________________
   Last          First          Middle Initial

2. Current Mailing Address: _______________________________________________________
   _______________________________________________________
   _______________________________________________________

3. Permanent Address: ___________________________________________________________
   _______________________________________________________
   _______________________________________________________

4. Phone Number: (Primary) __________________________ (Secondary) __________________

5. Email Address: _______________________________________________________________

6. Date and Place of Birth: ______________________________________________________

7. Are You a U.S. Citizen? ______________

8. Social Security Number: ______________________________________________________

9. ESSAY: In a separate essay of 1,000 words or less, please describe your goals and reasons for
   pursuing graduate or professional study in veterinary medicine, and include any future plans or
   intentions you may have to return to New Jersey. Print your essay on plain white paper in size
   12 font, double-spaced, with at least one inch margins on all four sides of the page.

10. Please show evidence of your connection to the state of New Jersey by submitting a copy of one
    of the following items: birth certificate, tax return form, voter registration card, high school
    diploma, or college diploma or transcript.

PRINT THIS APPLICATION ON PLAIN WHITE PAPER.
IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE PAGES TO THIS APPLICATION
II. EDUCATION

1. List all post-secondary institutions attended, starting with your current enrollment. Submit official transcripts (in a sealed institutional envelope) from all institutions. Transcripts may be delivered directly to AAVMC. **NOTE FOR TRANSFER STUDENTS:** Transfer credit for course work at institution A that appears on the transcript from institution B is not acceptable; you must submit transcripts from both institutions A and B.

   College/University: ____________________________________________
   City and State: ________________________________________________
   Date Began: _______________ Expected Degree & Date: ______________
   Cumulative GPA: ____________________________
   Please state cumulative GPA for all course work involved at this institution; include repeat courses and any withdrawals that were assigned credit hours.

   College/University: ____________________________________________
   City and State: ________________________________________________
   Date Began: _______________ Expected Degree & Date: ______________
   Cumulative GPA: ____________________________
   Please state cumulative GPA for all course work involved at this institution; include repeat courses and any withdrawals that were assigned credit hours.

   College/University: ____________________________________________
   City and State: ________________________________________________
   Date Began: _______________ Expected Degree & Date: ______________
   Cumulative GPA: ____________________________
   Please state cumulative GPA for all course work involved at this institution; include repeat courses and any withdrawals that were assigned credit hours.

2. **Graduate Record Exam (GRE).** Please provide your highest score:

   Date ________ Writing ________ Verbal ________ Quantitative ________ Total ________
3. List the secondary education (high school) institution you attended. If you attended more than one secondary education institution, you may list them on a separate sheet of paper.

High School: 
City and State: 
Date Began:  
Date of Graduation: 

III. REFERENCES

1. Please provide four letters of reference (three from current or former instructors and one from a current or former employer). Letters may be included with your package or mailed directly to AAVMC. The evaluators should discuss your academic and scientific achievements or your work ethic and experience. In the space below, please provide the names and contact information for the evaluators who will be submitting a letter.

Instructor
Name:  
Title:  
Address:  
Phone:  Email:  

Instructor
Name:  
Title:  
Address:  
Phone:  Email:  

Instructor
Name:  
Title:  
Address:  
Phone:  Email:  

Instructor
Name:  
Title:  
Address:  
Phone:  Email:  

**Employer**

Name: ____________________________________________

Title: ____________________________________________

Address: _________________________________________

Phone: ___________________________ Email: ______________

**IV. HONORS, SCHOLARSHIPS, ACTIVITIES**

*(You may use this page or you may list these on a separate page)*

1. List all academic honors, scholarships, etc. Please include locations and dates.

   ____________________________________________

   ____________________________________________

   ____________________________________________

   ____________________________________________

   ____________________________________________

   ____________________________________________

2. List any special research projects or work experience that has prepared you for your graduate or professional studies in veterinary medicine.

   ____________________________________________

   ____________________________________________

   ____________________________________________

   ____________________________________________
3. List any extracurricular activities you have participated in during the last five years.


V. EMPLOYMENT AND FINANCES

1. Employment Record (begin with most recent)

   Dates
   Name of Employer:
   Address of Employer:
   Your Title and Duties:

   Dates
   Name of Employer:
   Address of Employer:
   Your Title and Duties:
Dates

Name of Employer:  

Address of Employer:  

Your Title and Duties:  


2. **Employment Income**

2010 (expected)  

2009  

3. **Amount of Outstanding Loans**

Source:  

Year:  

Amount:  

Source:  

Year:  

Amount:  

Source:  

Year:  

Amount:  


4. **Assets**

Cash:  

Stocks, Bonds,  

CD’s  

Other Assets  

(Describe)  

Real Estate  

Parental Support  

(Describe)  

(In what form?)  


5. **Estimated Monthly Expenses**
VI. CERTIFICATION

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that if I am selected as a recipient of the Harold Wetterberg Foundation Scholarship for one year, there is no assurance of future financial support in subsequent years. I understand that if for any reason I do not complete my program of graduate or professional study, I may be required to return the scholarship funds to the Harold Wetterberg Foundation.

Signature

Date

Printed Name