



# Oxbow Scholarship Program

## 2010 Application: Veterinary Medicine Academic Scholarship

This completed application with your résumé, letters of recommendation, and essay must be postmarked no later than March 9, 2010.

**Oxbow Animal Health • Veterinary Medicine Academic Scholarship • 29012 Mill Rd • Murdock, NE 68407**

All unsolicited material including photos, cover sheets and folders will be discarded.

Incomplete and late submissions will be disqualified.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Hometown Newspaper \_\_\_\_\_

Current School Attending \_\_\_\_\_

Expected year of graduation \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Yes No

I will be enrolled as a full-time student in the Fall of 2010.

I currently work a part-time job. Average hours per week: \_\_\_\_\_

I currently volunteer on a regular basis. Average hours per month: \_\_\_\_\_

I have attended national veterinary conferences.

I have participated in university or field research studies.

Please indicate the activities in which you have participated:

### Clubs and Extracurricular

- AVMA, Student Chapter
- AAZV
- AEMV
- AAV
- Zoo or Wildlife Club
- Organization officer
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Volunteer Participation

- Veterinary Hospital
- Wildlife Sanctuary
- Animal Shelter (ASPCA, etc)
- Animal Rescue Organization
- Pet Store
- Zoo
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Work Experience

- Veterinary Hospital
- Wildlife Sanctuary
- Animal Shelter/Rescue
- Pet Store
- Farm
- Zoo
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Veterinary Advisor Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that all information provided in this application is true and correct. I further agree that if I withdraw from school, transfer, or if I am no longer a full-time student during the designated school year, the unused balance is forfeitable and I must notify Oxbow Animal Health in Murdock, Nebraska, within 30 days.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Interactive application can be completed and printed at [www.oxbowanimalhealth.com](http://www.oxbowanimalhealth.com) Please print a copy for your records as data fields cannot be saved.)*