



MONTANA VETERINARY MEDICAL ASSOCIATION
PO Box 6322 Helena, MT 59604

2025 Scholarship Application Form

The Montana Veterinary Medical Association will award a \$2,000 scholarship to a Montana student who has completed at least one year of veterinary school. If you are interested in being considered for this scholarship, please complete this application and return to the MVMA by **Friday, May 16, 2025**. The information contained in the application is confidential and is for the use of the MVMA selection committee only.

Applicant Name _____
First MI Last

Permanent Mailing Address _____
Street or post office box

City _____ State _____ Zip _____ Phone _____ Email _____

Attending _____
Name of Veterinary School of Medicine

Date of Birth _____ Year in School (2024/2025 School Year) _____

Ranking in Class _____ (Provide your rank and the number of students in your class)

Educational Awards or other special recognitions _____

Positions held in gainful employment during the past 12 months and earnings.

Current Assets \$ _____ Please itemize _____

Include estimated general value of car, stocks, cash, livestock, etc.

Current Liabilities \$ _____ Please itemize _____

Of the liabilities listed, what are you obligated to repay?

Are you the recipient of any scholarships or grants for the 2024/2025 year? ☐ Yes ☐ No

If yes, please specify by name and amount:

List the name, occupation and phone number of three people who can give an evaluation of your character, purposefulness and general worthiness. You must include one Montana veterinarian.

1. _____
Name/City Occupation Phone

2. _____
Name/City Occupation Phone

3. _____
Name/City Occupation Phone

Extra curricular activities – list memberships, offices held, etc. both in and out of school.

Please attach an additional sheet and respond to the question “What are your future plans?” and indicate any additional information that might be of assistance to the selection committee.

Signed _____ Date _____
Applicant

The above applicant has completed, or in all probability will complete, at a minimum the first-year professional course of study leading to the degree of Doctor of Veterinary Medicine.

Signed _____ Date _____
Dean, College of Veterinary Medicine

To be considered for this scholarship, you must be a student member of the MVMA. There is no charge for student membership, and you can apply on our website at mtvma.org/join.

Submit all application materials by May 16, 2025

By Mail: MVMA, PO Box 6322, Helena, MT 59604

By Email: info@mtvma.org | Please write “Scholarship Application” in the subject line. You will receive a message confirming receipt of application.