



MONTANA VETERINARY MEDICAL ASSOCIATION
PO Box 6322 Helena, MT 59604

Grant Application Form

The Montana Veterinary Medical Association will award two grants, \$2000 each, to two Montana students who have completed at least one year of professional school. If you are interested in being considered for this Grant-In-Aid, fill out, in detail every question and return to the MVMA by **Friday May 24, 2019**. The information contained in the application is confidential and is for the use of the MVMA selection committee only. Please type or write neatly.

Applicant's Name _____
First MI Last

Permanent Mailing Address _____
Street or post office box

City State Zip Current Phone Email

Attending _____
Name of Veterinary School of Medicine

Date of Birth _____ Year in School _____

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 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 2017/2018 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

This application must be received by May 24, 2019 and you must be a student member of the MVMA to be considered for selection (you can apply on our website). It may be returned electronically with an electronic signature from the Dean. The applicant may type/print his/her name and state “This serves as signature.”

You may also mail to MVMA, PO Box 6322, Helena, MT 59604

**Electronic submission to info@mtvma.org – Please write “Grant Application” in the subject line.
You will receive a confirmation of receipt message.**