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 31st.

New Haven County
Veterinary Medical Association

4 Devine Street
North Haven, CT 06473
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. Personal Information
   a. Name of Applicant: __________________________________________
   b. Address: __________________________________________________
   c. Telephone: ________________________________________________

2. School Information
   a. Veterinary School: ___________________________________________
   b. Year Admitted: _____________________________________________
   c. Expected Graduation Date: ________________________________

3. On a separate 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. Signature:
   By signing below you attest that all information you provided for this application to the New
   Haven County Veterinary Medical Association is accurate and correct at the time of this
   application.

Signature ___________________________ Date ___________________________