



American Veterinary Medical Foundation

Harold Wetterberg Foundation Scholarship

Application Checklist

IMPORTANT NOTE: Please allow ample time for your application and supplemental attachments to be mailed and received at the AVMF on or before the deadline. **There are no Saturday deliveries at AVMF.**

- ☐ Order transcripts
- ☐ Request letters of reference
- ☐ Proof your application for completeness (i.e. make sure no information is cut off)
- ☐ Follow formatting instructions (i.e. do not staple)

If you have any problems with the application form and/or have any questions, please contact Patti Gillespie at pgillespie@avma.org.

Thank you and good luck!



HAROLD WETTERBERG FOUNDATION SCHOLARSHIP APPLICATION 2022

GUIDELINES AND CRITERIA

The American Veterinary Medical Foundation partners with the Harold Wetterberg Foundation to award scholarships to current or former residents of New Jersey who are enrolled in the second or third year of the professional DVM curriculum during the 2021-2022 academic year. Scholarships of up to \$15,000 may be provided.

ELIGIBILITY

Applicants must be U.S. citizens and establish a connection to the state of New Jersey in one or more of the following ways:

- Current or former resident
- Graduation from a New Jersey High School
- Graduation or attendance at a New Jersey College (preferred)
- Must have a minimum 3.0 GPA at veterinary school and undergraduate school

Preference will be given to veterinary medical students who are enrolled in the second or later year of a dual degree program during the 2021-2022 academic year at a U.S. or Canadian college or school of veterinary medicine, department of veterinary science, or department of comparative medicine. Examples of dual degree programs include DVM/PhD, DVM/MS, and DVM/MPH or equivalent degree.

Consideration will also be given to students who are currently enrolled in the second or third year of a professional DVM curriculum during the 2021-2022 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. The AVMF Scholarship Review Committee will select the most highly qualified finalists. Those names will be provided to the Board of Trustees of the Harold Wetterberg Foundation. The Board of Trustees will make the final selection from the pool of finalists. Scholarship recipients will be notified of their selection in July 2022.

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 it is **required** that they submit a completely new application. Renewal applicants, in their essay AND their letters of recommendation, **MUST** detail why their scholarship should be renewed.

Academic progress is monitored on an annual basis. If a recipient doesn't complete the program of professional study he or she may be required to return scholarship money to the Harold Wetterberg Foundation, depending on the individual circumstances.

DEADLINE FOR APPLICATION

Applications must arrive at the AVMF office by March 15, 2022 at 5:00 P.M. Central Time. **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.**

Mail this application, along with all supporting documentation to:

Harold Wetterberg Foundation Scholarship
American Veterinary Medical Foundation
1931 N. Meacham Rd., Suite 100
Schaumburg, IL 60173

For questions please contact Patti Gillespie, Senior Manager of Programs and Operations, pgillespie@avma.org or 847-285-6709.

HAROLD WETTERBERG FOUNDATION SCHOLARSHIP APPLICATION

PART ONE: PERSONAL INFORMATION

Name

First Name:

Initial:

Last name:

Current Mailing Address

Street Address:

City:

State:

Zip Code:

Permanent Mailing Address

Street Address:

City:

State:

Zip Code:

Primary Phone:

Secondary Phone:

Email:

Second Email:

Date and Place of Birth

Date of Birth (month/date/year):

Place of Birth:

Are you a U.S. citizen? Yes ☐ No ☐

ESSAY: In an essay of 1,000 words or less please describe your goals and reasons for pursuing professional study in veterinary medicine. 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. **DO NOT STAPLE PAGES.**

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

PLEASE DO NOT STAPLE

PART TWO: EDUCATION

List all post-secondary institutions attended, starting with your current enrollment. Please state cumulative GPA for all course work involved at each institution including repeat courses and any withdrawals that were assigned credit hours. Submit official transcripts (in a sealed institutional envelope) from all institutions. Transcripts may be delivered directly to the AVMF, 1931 N. Meacham Rd, Suite 100, Schaumburg, IL 60173.

NOTE FOR TRANSFER STUDENTS: Transfer credit for course work at Institution A that appears on the transcript from Institution B is not sufficient; you must submit transcripts from both institutions.

School Number One:

College/University:

City & State:

Date Began:

Expected Degree and Date:

Cumulative GPA:

School Number Two:

College/University:

City & State:

Date Began:

Expected Degree and Date:

Cumulative GPA:

School Number Three:

College/University:

City & State:

Date Began:

Expected Degree and Date:

Cumulative GPA:

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

Date:

Writing:

Verbal:

Quantitative:

Total:

List the secondary institution (high school) 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:

PLEASE DO NOT STAPLE

PART THREE: REFERENCES

Please provide four letters of reference (three from current or former instructors and one from a current or former employer). Letters must be sealed and may be included with your package or mailed directly to the AVMF, 1931 N. Meacham Rd, Suite 100, Schaumburg, IL 60173. 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 Number One

Name:

Title:

Address:

Phone:

Email:

Instructor Number Two

Name:

Title:

Address:

Phone:

Email:

Instructor Number Three

Name:

Title:

Address:

Phone:

Email:

Employer

Name:

Title:

Address:

Phone:

Email:

PLEASE DO NOT STAPLE

PART FOUR: HONORS, SCHOLARSHIPS, ACTIVITIES

You may use this page or you may list these on a separate page:

1) All academic honors, scholarships, etc. Please include locations and dates.

2) Any special research projects or work experience that have prepared you for your professional studies in veterinary medicine.

3) Any extracurricular activities you have participated in during the last five years.

PLEASE DO NOT STAPLE

PART FIVE: EMPLOYMENT AND FINANCES

Employment Record (begin with most recent):

1) Employment Dates:

Name of Employer:

Address of Employer:

Your Title and Duties:

2) Employment Dates:

Name of Employer:

Address of Employer:

Your Title and Duties:

3) Employment Dates:

Name of Employer:

Address of Employer:

Your Title and Duties:

PLEASE DO NOT STAPLE

Employment Income 2021(expected)**2020**

Amount of Outstanding Loans

Loan #1

Source:

Year: Amount:

Loan #2

Source:

Year: Amount:

Loan #3

Source:

Year: Amount:

Assets

Cash: Stocks, Bonds, CD's:

Other Assets (Describe): Real Estate:

Other Assets (Describe): Parental Support (in what form?)

Estimated Monthly Expenses

Housing: \$ Own Rent

Transportation: \$

Food: \$

Medical Care/Insurance: \$

Utilities: \$

Other (Explain):

PLEASE DO NOT STAPLE

PART SIX: 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 professional study, I may be required to return the scholarship funds to the Harold Wetterberg Foundation.

Signature:

Date:

Printed Name:

PLEASE DO NOT STAPLE