



Dr Hidayah Martinez-Jaka NAVLE Testing Scholarship Application

Please complete all fields and email the completed application to scholarships@avma.org. Please also refer any application questions to scholarships@avma.org.

Full Name *

First Name

Last Name

Phone Number

XXX-XXX-XXXX

Email Address *

example@example.com

Permanent Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

College of Veterinary Medicine *

Current Grade or Date of Graduation *

For graduation dates, please use the alphabetical month and year Ex. "May 2025"

Cumulative GPA *

If your institution doesn't use GPA, please enter N/A

Are you or were you a first-generation college student? *

Please answer Yes or No

Is this or will this be your second time taking the NAVLE exam? *

Please answer Yes or No

Have you already registered for your second attempt of the NAVLE exam? *

If yes, please indicate which testing period you have registered for.

Intended Field of Practice *

Provide your involvement in extra-curricular activities relevant to your career path at your school or other organizations, including your duties, achievements, and other leadership positions held. *

Please describe what you have done to better prepare yourself for your second attempt at the NAVLE exam. *