

**Davis-Michael Pre-veterinary Scholarship
Application for Continuing/Transfer
Students**

Date _____

WVUID# _____

Contact Information

Name	_____
Street Address	_____
City ST ZIP Code	_____
Cell Phone	_____
E-Mail Address	_____

Current Academic Information:

_____	Cumulative GPA as of January 1
_____	Hours Completed as of January 1
_____	Current Hours

Primary Volunteer Interests:

_____ _____ _____

Long term goals:

_____ _____ _____ _____ _____ _____ _____

Agreement and Signature: By submitting this application, I affirm that the facts set forth in it are true and complete. If I am awarded a scholarship, I understand that I may be expected to volunteer to help with activities of the Davis-Michael Program.

Signature: _____	_____
Return completed form by February 15, 2018 to Davis-Michael Scholars Program: davismichael@mail.wvu.edu or 2104 AGRICULTURAL SCIENCES BUILDING, PO BOX 6108, MORGANTOWN WV 26506-6108	_____

Comments:

_____ _____ _____ _____ _____ _____ _____
