|  |  |
| --- | --- |
| Davis-Michael Veterinary Scholarship Application for Graduate Students | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please save document as: lastname firstname, example: Michael Davis or Lincoln Abraham** |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address \* |  |
| City ST Zip Code |  |
| Cell Phone |  |
| Veterinary School/Personal E-Mail **Do Not use @mix.wvu.edu** |  |

## Veterinary School Academic Information:

|  |
| --- |
| Name of Veterinary School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year in School \_\_\_\_\_\_\_\_\_\_\_ Anticipated Year of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID Number at Veterinary School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|
|

## Brief statement about studies, school and role in any organizations in the past year:

|  |
| --- |
|  |

## Agreement and Signature: By submitting this application, I affirm that the facts set forth in it are true and complete. (Submitting this application by email is considered signed.)

|  |  |
| --- | --- |
| Signature: |  |
| Return completed form to Davis-Michael Scholars Program: [**davismichael@mail.wvu.edu**](mailto:davismichael@mail.wvu.edu)or Davis-Michael Scholars Program, Agricultural Sciences Building, PO Box 6108, Morgantown WV 26506-6108. Applications are due May 1, of each year. |  |

* \* **Please use permanent address or where you will be during the summer.**