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** 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.**