

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

Date _____

WVUID# _____

Contact Information

Name

Street Address

City ST ZIP Code

Cell Phone

Mix E-Mail

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, each year to Davis-Michael Scholars Program:
davismichael@mail.wvu.edu or 2104 AGRICULTURAL SCIENCES BUILDING, PO BOX 6108,
MORGANTOWN WV 26506-6108 **Please Note: Save application to be sent as:**
lastname firstname, example: Michael Davis or Lincoln Abraham

Comments: