

## **STUDENT INFORMATION**

First Name:	Last Name:			
Mailing Address:				
City:				
State/Province:	Postal Code:			
Country:				
Phone number:				
E-mail address:				
Veterinary School you at	tend:			
<b>Current Classification:</b>	$\Box$ Freshman	□ Sophomore	□ Junior	□ Senior
<b>OR - International Studer</b> (for example, "3rd year out				
submission in order to b submit your membershi Abstract Title:				tion, or to
l certify that there is a been consulted for fee			n or faculty mer	nber and has
CO-AUTHOR INFORMAT	ION			
There is a separate <u>CO-AUTH</u>				
<b>by the co-author</b> to Dr. Alex veterinarian or veterinary sc.				
more than one veterinarian	•	•	-	
form. Provide information fo	or your selected co-auth	or below:		
Co-Author Name:				
Mark all that apply:	Ueterinary school	ol faculty member	🗌 Veterina	rian

# **USE OF FUNDS**

Explain how you intend to use the scholarship funds. Limit your response to the space available below.

# **BIOGRAPHY AND SWINE INTEREST**

Provide a brief biography and explanation of your interest in swine medicine. Limit your response to the space available below; do not add additional pages.

## SUBMISSION

- 1. Save this form as "StudentLastName\_StudentFirstName\_Application.pdf" (e.g., Smith\_Mary\_Application.pdf)
- 2. E-mail the saved application along with your two abstract files to Dr. Alex Ramirez: <u>alex@aasv.org</u>.
- 3. Have your designated co-author email the <u>Co-Author Confirmation Form</u> to Dr. Ramirez separately.

#### Application Due Date: September 24, 2012, 11:59pm CDT