

### **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>	□ Freshman	□ Sophomore	□ Junior	□ Senior		
<b>OR - International Stude</b> (for example, "3rd year out		•				
	e considered for the Stud p application, visit <u>aasv.</u>		'	tion, or to		
l certify that there is a been consulted for fee			n or faculty men	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 so						
more than one veterinarian	,	•	•			
form. Provide information fo	-	-				
Co-Author Name:						
Mark all that apply:	Veterinary schoo	l faculty member	🗌 Veterina	rian		

Affiliation:			
E-mail Address:			

## **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: Monday, September 23, 2013, 11:59pm CDT