



# American Association of Swine Veterinarians STUDENT SEMINAR APPLICATION

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## STUDENT INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State/Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_

**Veterinary School you attend:** \_\_\_\_\_

**Current Classification:**     Freshman     Sophomore     Junior     Senior

**OR - International Students** - please identify your year in vet school  
(for example, "3rd year out of 5" or "4th year out of 6"): \_\_\_\_\_

**I am a current student member of the national AASV organization**

*Important! You **must** be a current (2014-2015) student member of the **national** AASV at the time of submission in order to be considered for the Student Seminar. For membership information, or to submit your membership application, visit [aasv.org/aasv/membership.html](http://aasv.org/aasv/membership.html).*

**Abstract Title:** \_\_\_\_\_

**I certify that there is at least one co-author who is a veterinarian or faculty member and has been consulted for feedback on this abstract.**

## CO-AUTHOR INFORMATION

There is a separate [CO-AUTHOR CONFIRMATION FORM](#) that **must** be completed and forwarded **directly by the co-author** to Dr. Alex Ramirez ([alex@aaav.org](mailto:alex@aaav.org)) by the abstract due date. The co-author must be a veterinarian or veterinary school faculty member. **Only one co-author form is requested.** If you have more than one veterinarian or faculty member co-author, please select only one to submit the co-author form. Provide information for your selected co-author below:

**Co-Author Name:** \_\_\_\_\_

**Mark all that apply:**     Veterinary school faculty member     Veterinarian

**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: [alex@aaav.org](mailto:alex@aaav.org).
3. Have your designated co-author email the [Co-Author Confirmation Form](#) to Dr. Ramirez separately.

**Application Due Date: Monday, September 22, 2014, 11:59pm CDT**