



# American Association of Swine Veterinarians STUDENT SEMINAR APPLICATION

# 2017

## 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 (2016-2017) student member of the **national** AASV at the time of submission, and you must not have graduated from veterinary school prior to February 26, 2017, 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. Maria Pieters ([pieters@aasv.org](mailto:pieters@aasv.org)) by the abstract due date. The co-author must be a veterinarian, AASV member, or university 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:  University faculty  AASV 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. Maria Pieters: [pieters@aaav.org](mailto:pieters@aaav.org).
3. Have your designated co-author email the [Co-Author Confirmation Form](#) to Dr. Pieters separately.

**Application Due Date: Wednesday, September 21, 2016, 11:59pm CDT**