In August, 1990 at the annual state convention of the North Dakota Veterinary Medical Association (NDVMA), an idea for a veterinary scholarship was discussed. Before the end of the convention, Dr. Robert Velure, North Dakota's State Veterinarian, who firmly believed in the future of the scholarship, presented the first donation.

A separate scholarship account was established in January 1992 using all the donations received since 1990. The scholarship account increased further in 1992 when the NDVMA commissioned the design and production of a Centennial belt buckle. The proceeds from the sale of the belt buckle went into the scholarship account.

The Auxiliary to the North Dakota Veterinary Medical Association, has always been a strong supporter of the NDVMA Scholarship Fund. Since 1996 the Auxiliary has annually donated a majority of the proceeds from its fund-raising events to the scholarship.

In September 1997, the North Dakota Veterinary Medical Association Scholarship Fund was formally established to provide assistance to North Dakota students pursuing a career in veterinary medicine and to further enhance veterinary education in North Dakota.
SCHOLARSHIP APPLICATION FORM
This scholarship, funded by the NDVMA Scholarship Fund, has been established to assist students pursuing a career in veterinary medicine who meet the below mentioned criteria. Financial need and an expressed interest in returning to North Dakota to practice veterinary medicine may be considered by the Fund’s Advisory Committee at their discretion in order to prioritize applicants.

1. Graduation from a North Dakota High School or resident of North Dakota for two years prior to application.

2. Acceptance to or active enrollment in the Professional School of any AVMA accredited College of Veterinary Medicine.

INSTRUCTIONS TO SUBMIT YOUR SCHOLARSHIP APPLICATION

1. Type or print clearly.
2. Fill in all questions to the best of your knowledge.
3. Approximate financial figures will be accepted.
4. If this is your first time applying for the NDVMA Scholarship, you must complete all questions, and submit all requested information by the deadline.
5. If you have previously applied for the NDVMA Scholarship, you do not need to send in references and residency verification, as this is on file with the NDVMA. However, the following information must be sent for your application to be considered:
   1. Current College Transcripts (Transcripts can be sent by the school, we will accept the “unofficial” transcripts that can be downloaded from the school’s website.)
   2. Updated autobiography—Please be sure to tell us about your experiences, goals, priorities, etc. since attending veterinary college.
   3. Updated financial information sheet.
6. Applications must be postmarked by May 1, 2023.
7. Mail information (1 sided) to: NDVMA, PO Box 1231, Bismarck ND 58502 or Scan documents to: execdir@ndvma.com
8. Email Pat Anderson at execdir@ndvma.com with any questions.

(All information supplied to the NDVMA Scholarship Committee will be kept confidential.) Scholarship winners will be notified by July 31.

Name of Applicant: ____________________________________________

Permanent/Hometown Address: __________________________________

City, State, Zip: ______________________________________________

Telephone: ___________________ E-mail Address: __________________

Temp/School Mailing Address: __________________________________

City, State, Zip: ______________________________________________

Date of Birth: ___________ Marital Status: _______________ # of Dependents: __________

Are you interested in student NDVMA membership? _____ Yes     _____ Not Now

(Membership is free and you receive free admittance to the annual meeting and are emailed NDVMA newsletters)
FINANCIAL INFORMATION
(Estimated Amounts are Acceptable)

Annual Tuition (list the amount excluding any assistance from PSEP or WICHE etc.) $______________

Estimated additional expenses (books, fees, etc.) $______________

Room, board and other expenses. Give details (cost per month, etc.) $______________

Are you receiving assistance through the Professional Student Exchange Program/WICHE or any other ND Program? _____Yes _____No

If so, which one? ________________________________________________________________

How much aid are you receiving from this program? $______________

What scholarships did you receive in 2022; how much were the scholarships? $______________

Are you now, or will you be receiving any other scholarships or financial aid for the upcoming academic year? $______________

Give Details:

What percent of your college costs are paid for by:

Family _________ %  Spouse _________ %  Others _________ %

Will you or your spouse be employed during the upcoming year? _____Yes _____No

Give Details:

List estimated income per academic year. Give Details. $______________

Indicate benefits and monthly amounts you may be receiving from Social Security, Reserves, Veterans, or other sources. $______________

Give details.
EDUCATIONAL INFORMATION

University/College You Are Attending: ___________________________ Year of Graduation: ___________

Address: __________________________________________________________________________________________

City, State, Zip: ___________________________________________________________________________________

Freshman: __________ Sophomore: __________ Junior: __________ Senior: __________

Transfer: ___________________________________________ Re-Admission: _______________________________________

Other University/College attended with completed semesters, and course study:

Total college credits earned to date: __________________________________________________________________

(Verification of acceptance and transcripts must accompany this form.)

AUTOBIOGRAPHY

Please submit a typed short autobiography including educational objectives, veterinary-related work experiences, career plans, other activities and special interests, awards and honors. A autobiography is required each year the applicants applies, and must be updated with new information about what they have learned, their goals and objectives.

REFERENCES

You do not need to supply the NDVMA with references if you have applied for this scholarship in the past and references are on file.

First—time applicants: Please supply three professional references using the enclosed forms. Include at least one instructor/faculty member and at least one veterinarian. Letters of recommendation may be attached to your application or may be sent directly to the NDVMA office. Do not use family members or personal acquaintances as references. We recommend that if you ask someone to send a reference directly that you verify with us that the reference has been received (email execdir@ndvma.com) Deadline: Postmarked or sent by May 1, 2023

APPLICATION CHECK LIST

________ 1. Completed Application Form

________ 2. Autobiography

________ 3. College Transcript(s)

________ 4. Three References - May be Returned Separately to NDVMA

________ 5. Verification of Graduation from ND High School or Proof of 2 years ND residency
   (Acceptable Forms of Proof: Diploma, Drivers License, Mail from ND Address)

________ 6. Verification of Acceptance to Veterinary School

I certify that the answers given herein are true and complete to the best of my knowledge.

Applicants Signature: ___________________________ Date: ___________________

Scholarships will be determined by June 30, 2023
Scholarship Reference Form

Completed form must be mailed, emailed or faxed to the address listed above by May 1, 2023
If submitting additional information please provide one sided paper.

Applicants Name: __________________________________________

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Please comment on each item you rated "Below Average" or "Above Average".

Strengths of applicant:

Weakness of applicant:

Length of time you have known applicant: __________________________________________

Capacity in which you have know applicant: ________________________________________

Name (Please Print): ___________________________ Title: ____________________________

Address: ________________________________________________

Telephone Number: ___________________________ Signature: _________________________
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