



**MONTANA VETERINARY MEDICAL ASSOCIATION**  
PO Box 6322 Helena, MT 59604

**Grant Application Form**

The Montana Veterinary Medical Association will award two grants, \$2000 each, to two Montana students who have completed at least one year of professional school. If you are interested in being considered for this Grant-In-Aid, fill out, in detail every question and return to the MVMA by **May 26, 2017**. The information contained in the application is confidential and is for the use of the MVMA selection committee only. Please type or write neatly.

Applicant's Name \_\_\_\_\_  
*First MI Last*

Permanent Mailing Address \_\_\_\_\_  
*Street or post office box*

\_\_\_\_\_  
*City State Zip Current Phone Email*

Attending \_\_\_\_\_  
*Name of Veterinary School of Medicine*

Date of Birth \_\_\_\_\_ Year in School \_\_\_\_\_

Ranking in Class \_\_\_\_\_ (Provide your rank and the number of students in your class)

Educational Awards or other special recognitions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positions held in gainful employment during the past 12 months and earnings.

\_\_\_\_\_  
\_\_\_\_\_

Current Assets \$ \_\_\_\_\_ Please itemize \_\_\_\_\_

*Include estimated value of car, stocks, cash, livestock, etc.*

Current Liabilities \$ \_\_\_\_\_ Please itemize: \_\_\_\_\_

\_\_\_\_\_

Of the liabilities listed, what are you obligated to repay?

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Are you the recipient of any scholarships or grants for the 2017/2018 year?  Yes  No

If yes, please specify by name and amount:

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List the name, occupation and phone number of three people who can give an evaluation of your character, purposefulness and general worthiness. You must include one Montana veterinarian.

1. \_\_\_\_\_  
Name/City Occupation Phone

2. \_\_\_\_\_  
Name/City Occupation Phone

3. \_\_\_\_\_  
Name/City Occupation Phone

Extra curricular activities – list memberships, offices held, etc. both in and out of school.

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**Please attach an additional sheet and respond to the question “What are your future plans?” and indicate any additional information that might be of assistance to the selection committee.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Applicant*

The above applicant has completed, or in all probability will complete, at a minimum the first-year professional course of study leading to the degree of Doctor of Veterinary Medicine.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Dean, College of Veterinary Medicine*

**This application must be returned by May 26, 2017 and you must be a student member of the MVMA to be considered for selection. It may be returned electronically with an electronic signature from the Dean. The applicant may type his/her name and state “This serves as signature.”**

**You may also mail to MVMA, PO Box 6322, Helena, MT 59604**

**Electronic submission to [info@mtvma.org](mailto:info@mtvma.org) – Please write “Grant Application” in the subject line.  
You will receive a confirmation of receipt message.**