



# CHAUTAUQUA COUNTY VETERINARY MEDICAL SOCIETY SCHOLARSHIP FUND APPLICATION

**Deadline – JUNE 1. NO LATE APPLICATIONS ACCEPTED**

Criteria: The Chautauqua County Veterinary Medical Society Scholarship Fund has been established to provide scholarships for students who are graduates of Chautauqua County schools and are pursuing a career in veterinary medicine. **Applicant must be enrolled in a veterinary college.** Awards will be based primarily on promise of success in the field and demonstration of a deep interest in the profession.

Requirements  
for eligibility:

**APPLICATION MUST BE RETURNED COMPLETE!**

1. Complete the following application (Print or Type).
2. Submit a one page, typewritten essay outlining the following
  - a. Your academic, extracurricular and community service accomplishments.
  - b. Part-time employment, if any.
  - c. Travel or hobbies that relate to your career goals.
  - d. To what extent a scholarship will further your career goals.
3. Attach the latest transcript from your school (report cards are NOT accepted).
4. Return application, essay and copy of transcript to the **Chautauqua Region Community Foundation, 418 Spring Street, Jamestown, NY 14701 (716) 661-3390.**

Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 SSN # \_\_\_\_\_ Phone # \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

I will be an (Undergraduate, Graduate) student in the upcoming school year.

List the quarters/semesters in which you plan to attend college for that period \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

If in college, what year are you completing? \_\_\_\_\_ College \_\_\_\_\_

Address \_\_\_\_\_

Major \_\_\_\_\_ GPA on last report card \_\_\_\_\_

Next year I plan to attend \_\_\_\_\_

Address \_\_\_\_\_

I hereby affirm, under penalty of loss of any award I may win, that the information above is correct and promise to notify the Chautauqua Region Community Foundation of any changes immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_