

**Hawaii Veterinary Medical Association
2020 Scholarship Announcement**

APPLICATION:

- 1) Available on the HVMA website: <https://hawaiiivetmed.org/>

ELIBILITY:

- 1) Full-time student enrolled in an AVMA-accredited doctoral program of veterinary medicine.
- 2) U. S. citizen
- 3) Must have graduated from a high school in Hawaii

AMOUNT:

- 1) \$1,000

CRITERIA FOR SELECTION:

- 1) Scholastic achievement in the veterinary medicine program
- 2) Evidence of financial need
- 3) Evidence of leadership, moral character, dedication to the welfare of animals and the promotion of the veterinary profession
- 4) Evidence of voluntary and community service work

LEVEL:

Current first to third year students (to be awarded prior to the second-fourth year of study)

OTHER:

Applications must be postmarked, emailed, or delivered by February 28, 2020 to:

Dr. Jenee Odani
314D Agricultural Sciences, 1955 East-West Road
University of Hawaii at Manoa
Honolulu, Hawaii 96822
jsodani@hawaii.edu

Checklist for completion:

- () 1. Application form
- () 2. Curriculum vitae
- () 3. Personal Statement
- () 4. Transcript (unofficial or official) from ALL schools (undergraduate, graduate)
- () 5. Requested three letters of references

Hawaii Veterinary Medical Association Scholarship Application Form

(Please Type or Print Clearly)

When completed, return to: Dr. Jenee Odani; 314D Agricultural Sciences, 1955 East-West Road
University of Hawaii at Mānoa, Honolulu, Hawaii 96822 jsodani@hawaii.edu

POSTMARKED OR DELIVERED NO LATER THAN FEBRUARY 28, 2020

Name _____ Gender: M ____ F ____

Date of Birth ____/____/____ Age _____ Email Address: _____

Current Mailing Address: _____

_____ Phone: () _____

Permanent Address: _____

_____ Phone: () _____

Marital Status: Single _____ Married _____ Divorced _____ Other _____

Name of Veterinary School enrolled at: _____

Anticipated Graduation Date? _____

Grade Point Average? (Undergraduate): _____ Graduate: _____

List and detail types of financial aid that you have received in the past. _____

Are you presently receiving educational financial aid? ____ Yes ____ No If yes, list and detail
current educational financial aid. _____

Are you listed as a dependent on either parent's tax returns? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

If yes, how many hours do you work per week? _____

What percentage do you contribute to your overall financial support? _____%

I certify that all information submitted in this application is true and correct to the best of my
knowledge.

Print Name _____ Signature _____ Date _____

Personal Statement

Tell us why you would like to receive a Hawaii Veterinary Medical Association Scholarship. Please also indicate how you came to be interested in veterinary medicine, your future plans as a veterinarian, and what you hope to contribute to the profession. Confine your narrative to the space provided.

I certify the above to be true.

Signed _____

