

**Hawaii Veterinary Medical Association  
2024 Scholarship Announcement**

**APPLICATION MATERIALS:**

- 1) Application available on the HVMA website: <https://hawaiiivetmed.org/>
- 2) Curriculum vitae
- 3) Personal statement
- 4) Transcripts (official or unofficial) from ALL schools attended (undergraduate/graduate)
- 5) Two letters of reference

**ELIGIBILITY:**

- 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 total

**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 to fourth year of study)

**OTHER:** Applications must be postmarked, emailed, or delivered by March 15, 2024 to:  
Dr. Jenee Odani  
1960 East-West Road, Biomed T210  
University of Hawaii at Manoa  
Honolulu, Hawaii 96822  
[jsodani@hawaii.edu](mailto:jsodani@hawaii.edu)

**Hawaii Veterinary Medical Association Scholarship Application Form**  
**POSTMARKED OR DELIVERED NO LATER THAN March 15, 2024**

Name \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Name of Veterinary School enrolled at: \_\_\_\_\_

Anticipated Graduation Date? \_\_\_\_\_

Grade Point Average? Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Name of Hawaii high school(s) attended: \_\_\_\_\_

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 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 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 \_\_\_\_\_

**Reference Forms: POSTMARKED or EMAILED NO LATER THAN March 15, 2024**

**Hawaii Veterinary Medical Association Scholarship**

Name \_\_\_\_\_  
Last First Middle

The named individual above has applied for the Hawaii Veterinary Medical Association Scholarship and has listed you as a reference. Please answer the following questions:

1. How long and in what capacity have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. Would you recommend this applicant for the HVMA Scholarship? ☐ Yes ☐ No
  
  
  
  
  
  
  
  
  
  
3. What qualities (strengths, talents, abilities, attitudes) does the student demonstrate which would help him/her in the field of veterinary medicine?
  
  
  
  
  
  
  
  
  
  
4. Please provide additional comments about this candidate here (or attach a letter if needed).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title/Position \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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Send completed form to: HVMA Scholarships  
Jenee Odani, DVM  
1960 East-West Road, Biomed T210  
Honolulu, Hawaii 96822  
jsodani@hawaii.edu