

WISCONSIN EQUINE PRACTITIONERS' ASSOCIATION
MEMORIAL FUND SCHOLARSHIP APPLICATION

NAME:

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

YEAR IN SCHOOL:

GPA:

What is your previous experience and background with horses and equine medicine?

What has been your experience with equine medicine in school?

Are you a Student AAEP member? What has your involvement been with Equine Club?

What other school clubs, organizations and extracurricular activities are you involved with?

What are your career goals as a veterinarian?

Why should you be selected to attend the AAEP Convention this year?

What is the extent of your need for financial assistance in attending the AAEP Convention?