



**AAEP/American Live Stock Insurance Company
Veterinary Student Scholarship**



APPLICATION FORMAT

Each accredited college/school of veterinary medicine may nominate one fourth-year veterinary student who plans to enter private equine practice. Eight, \$2,500 scholarships will be awarded. Respective colleges/schools may determine the criteria for nominating their candidate. Please note that the following application components should be compiled in the **exact order listed**:

1. The attached, completed **AAEP Scholarship Program Cover Sheet**.
2. Two essays: the first should explain why the nominee wants to enter equine practice and specifically answer the question, *“What single event most influenced your decision to enter equine medicine?”* and the second should explain why the applicant is deserving of the award and specifically answer the questions, *“What characteristics do you believe distinguish you from other applicants?”* and *“What do you intend to have accomplished in equine practice five to ten years from now?”*
3. A curriculum vitae (not to exceed two pages).
4. Two completed evaluation forms – one should be completed by a clinical instructor familiar with the applicant’s clinical performance. The second one should be completed by a private equine practitioner.
5. A self-addressed, stamped postcard to be returned as confirmation of receipt.

DO:

- ✓ Use the checklist as a guide to assemble a complete application packet.
- ✓ Include both original evaluation letters as **part** of the application packet.
- ✓ Make sixteen, **STAPLED ONLY** copies of the **COMPLETE application packet**.
- ✓ Mail the sixteen packets, **along with the original packet**, to be **RECEIVED** by **MONDAY, OCTOBER 2, 2006** at the AAEP Headquarters. Failure to comply with all requirements will result in a negative impact on candidacy. Send application to:

**Chair, Scholarship Committee
American Association of Equine Practitioners
4075 Iron Works Parkway
Lexington, KY 40511**

**AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS AND
AMERICAN LIVESTOCK INSURANCE
SCHOLARSHIP PROGRAM
COVER SHEET**

To be copied and returned as part of each application packet

1. APPLICANTS NAME: _____

2. INSTITUTION NOMINATING APPLICANT:

3. APPLICANT'S GPA AND CLASS STANDING:

VETERINARY SCHOOL GPA: _____

CLASS STANDING: ____ OF ____.

4. NAME AND ADDRESS OF VETERINARIANS SUPPLYING RECOMMENDATIONS:

A. CLINICAL INSTRUCTOR:

B. EQUINE PRACTITIONER:

1. What was the applicant's title or position while employed by your firm or organization? _____
2. What was your supervisory relationship to the applicant? _____
3. Please estimate the total number of hours the applicant worked for you. _____
4. Rate the applicant from 1 – 10 on each of the qualities listed below. In considering your rating, compare this student to other veterinary students you have known.

1 = bottom 5%
2 – 3 = fair / next 30%
4 - 6 = satisfactory / next 40%
7 – 9 = excellent / next 20%
10 = outstanding / top 5%

Please think of your ratings as an evaluation, not a recommendation.

<input type="checkbox"/> enthusiasm	<input type="checkbox"/> judgment	<input type="checkbox"/> effectiveness in dealing with fellow employees
<input type="checkbox"/> motivation	<input type="checkbox"/> ability to handle animals	<input type="checkbox"/> effectiveness in dealing with the public
<input type="checkbox"/> honesty	<input type="checkbox"/> sharing of ideas	<input type="checkbox"/> ability to work as part of a team
<input type="checkbox"/> stamina	<input type="checkbox"/> ability to work independently	
<input type="checkbox"/> leadership	<input type="checkbox"/> effectiveness in dealing with supervisor	
<input type="checkbox"/> dependability		
<input type="checkbox"/> use of common sense		

5. Letter of evaluation. Please attach a separate sheet. Inclusion of specific instances where the above characteristics were demonstrated is especially helpful. Identification of both strengths and areas of needed improvement are essential. Please explain any reservations you may have about the applicant's abilities.
6. Please check one of the following boxes to indicate the degree of your overall evaluation of the applicant, based on his or her performance of duties and responsibilities.

<input type="checkbox"/> strongly recommend	<input type="checkbox"/> recommend with reservation
<input type="checkbox"/> recommend	<input type="checkbox"/> do not recommend

Signature

Date

Thank you for taking the time to help the AAEP Scholarship Committee in evaluating applicants to the AAEP Scholarship Program. We appreciate your assistance and value your advice. Your recommendation is an important part of the overall evaluation process.

Scholarship Application Checklist

(For your use only; do not return.)

Include in your application, the following documents, in this order:

- 1. AAEP Scholarship Program Cover Sheet, completed in full
- 2. Essay # 1 (*see format sheet for topic*)
- 3. Essay # 2 (*see format sheet for topic*)
- 4. Curriculum Vitae (not to exceed 2 pages)
- 5. Evaluation Form #1 A clinical instructor familiar with applicant's clinical performance
- 6. Evaluation Form # 2 (must be from an equine practitioner)
- 7. Self-addressed stamped postcard for confirmation of receipt

- ✓ Make sure your evaluators know to sign and seal their evaluations and to return them to your contact at your university. Evaluations should not be returned to the student or to the AAEP. The school should then open and include the evaluations in the application packet.
- ✓ Make sixteen stapled copies of the above packet, and mail, with the original packet, to be **RECEIVED** by **MONDAY, OCTOBER 2, 2005** at the AAEP Headquarters. The student is ultimately responsible for ensuring that his or her application has been completed correctly and submitted by the deadline. Failure to comply with all requirements will result in a negative impact on candidacy. Send application to:

Chair, Scholarship Committee
American Association of Equine Practitioners
4075 Iron Works Parkway
Lexington, KY 40511