

APPLICATION FOR VETERINARY SCHOLARS PROGRAM
SCHOOL OF VETERINARY MEDICINE – PURDUE UNIVERSITY
(Equal Access/Equal Opportunity University)

PERSONAL INFORMATION – (print in ink or type)

LEGAL NAME _____
Last First Middle

SOCIAL SECURITY NUMBER _____ - _____ - _____ (Although your social security number (SSN) is not required, it is requested to receive federal tax benefits, financial aid, as well as to accurately process your application with other records such as SAT or ACT scores or transcripts. Disclosure of your SSN will be restricted to University business processes; such as those required for federal and state reporting as well as institutional purposes. By providing your SSN, you authorize the University to disclose it to third parties as necessary for these purposes.)

GENDER ___ Male ___ Female **DATE OF BIRTH** _____
MONTH DAY YEAR

HOME ADDRESS _____
Street – number City State Zip

CURRENT MAILING ADDRESS _____
Street – number City State Zip

EMAIL ADDRESS _____

RESIDENCE _____
Country of citizenship Permanent resident alien no. (if not a U.S. citizen)

State in which you claim residence County (if an Indiana resident)

Address at which you have resided for past 12 months

Employer, length of employment, and average hours worked per week (if employed during the past 12 months.)
Purdue University reserves the right to request documentary evidence in support of a residence claim.

TELEPHONE (____) _____ (____) _____
Home phone Daytime phone

ETHNIC DATA ___ American Indian/Alaskan Native ___ Asian or Pacific Islander ___ Black/African American
___ Caucasian ___ Hispanic ___ Other _____
(Please explain)

HIGH SCHOOL _____
Name

Street-number City State Zip

FATHER'S NAME _____
Name

Street-number City State Zip

Occupation – Check here if veterinarian ___

MOTHER'S NAME _____
Name

Street-number City State Zip

Occupation – Check here if veterinarian ___

SIGNATURE I certify the information provided on this application is accurate and true to the best of my knowledge.

Signature Date

**VETERINARY SCHOLARS PROGRAM
SCHOOL OF VETERINARY MEDICINE – PURDUE UNIVERSITY**

PERSONAL STATEMENT

Your personal statement should help the Admissions Committee learn something about you as a person, about the development of your interest in veterinary medicine and about your career goals. Please limit your statement to two pages.

PROCESS IMMEDIATELY
DATED MATERIAL
RETURN BY May 1

VETERINARY SCHOLARS PROGRAM
SCHOOL OF VETERINARY MEDICINE – PURDUE UNIVERSITY
PERSONAL EVALUATION FORM

Name of applicant _____
(please print) Last First Middle

To The Applicant - Please fill in your name on the above line. Provide each evaluator with a stamped envelope addressed to *Director of Student Services, School of Veterinary Medicine, Lynn Hall, room 1185, 625 Harrison Street., Purdue University, West Lafayette, Indiana 47907-2026*. Applicants who are admitted to the Veterinary Scholars Program have the right, under the Family Educational Rights and Privacy Act of 1974, to see written evaluations submitted on their behalf, unless they waive the right. Please indicate your choice by signing either Statement A or B below. The signing of this waiver is voluntary and refusal to do so will not be a factor in considering your application.

A. I hereby waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's signature Date

B. I do not waive my right of access to the applicant evaluation provided by the evaluator named above. He or she should be made aware that I retain my right of access and that the confidentiality of the evaluation is not guaranteed.

Applicant's signature Date

To the Veterinary Evaluator – The student named above has applied for admission to the Veterinary Scholars Program (an early admission program), and is asking you to provide a reference for him/her. The Veterinary Scholars Program targets exceptionally qualified high school seniors who wish to pursue a veterinary medical career by offering them the opportunity to early provisional acceptance into the DVM program through select undergraduate degree programs in Animal Sciences, Biochemistry or Biological Sciences. The Admissions Committee would appreciate your candid evaluation and impressions of this individual's qualifications and fitness for the study of veterinary medicine. Please indicate your appraisal of the applicant by circling the appropriate number on the rating scale or completing the item. Judgments should be based on your observations of those personal qualities believed to be relevant to an individual's development and performance for a professional career.

Name of Veterinarian _____

Are you related to the applicant? _____ If yes, how? _____

How long have you known the applicant? _____ What has been your association with the applicant? _____

What is your occupation, profession and position? _____

(Circle the most appropriate rating)	Excellent	Good	Poor	Not observed		
Initiative	5	4	3	2	1	X
Dependability	5	4	3	2	1	X
Cooperation	5	4	3	2	1	X
Leadership	5	4	3	2	1	X
Emotional stability	5	4	3	2	1	X
Neatness-cleanliness	5	4	3	2	1	X
Social skills	5	4	3	2	1	X
Judgment-objectivity	5	4	3	2	1	X
Integrity-credibility	5	4	3	2	1	X
Speaking ability-expression	5	4	3	2	1	X
Acceptance of feedback/instruction	5	4	3	2	1	X
Knowledge of and motivation for a career in Veterinary Medicine	5	4	3	2	1	X
Relationships with other people	5	4	3	2	1	X

If you have known other students interested in veterinary medicine, how would you rate this individual in that group?

HIGHEST ABOVE AVERAGE AVERAGE BELOW AVERAGE LOWEST

Name of Veterinarian (print) _____

Address (print) _____

Phone number _____ FAX number _____ Date _____

Signature of Veterinarian _____

Written comments may be made on the back of this sheet. Please check here if you have made comments. _____

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