This application must be typed or handwritten in print (no cursive)

|  |
| --- |
| BIOGRAPHIC INFORMATION |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Gender or Sex |  |
| Preferred Pronoun (He/She/They) |  |
| Date of Birth (Month/Day/Year) |  |

|  |
| --- |
| CONTACT INFORMATION |
| Email |  |
| Phone Number |  |
| Postal Address  |  |

|  |
| --- |
| CITIZENSHIP STATUS |
| Citizenship (Check one) | [ ]  U.S. Citizen [ ]  Permanent Resident (Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)[ ]  Non-Resident Alien |
| State of Residence |  |

|  |
| --- |
| RACE/ETHNICITY |
| Are you of Hispanic/Latinx origin? | [ ]  Yes [ ]  No  |
| Race  | [ ]  African American (Black)[ ]  American Indian/Alaskan Native[ ]  Asian American[ ]  Native Hawaiian/Other Pacific Islander[ ]  White[ ]  Multiracial[ ]  Other (Please describe) |

|  |
| --- |
| OTHER INFORMATION |
| Are you/will you be a first generation college student? (Neither parent/legal guardian completed a bachelor's degree or higher) | [ ]  No [ ]  Yes |
| Parent/Legal Guardian 1 | [ ]  No College [ ]  Some College [ ]  B.S./B.A. Degree [ ]  M.S. Degree [ ]  Ph.D. Degree [ ]  Other Degree \_\_\_\_\_\_\_\_\_ |
| Parent 2/Legal Guardian 2 | [ ]  No College [ ]  Some College [ ]  B.S./B.A. Degree [ ]  M.S. Degree [ ]  Ph.D. Degree [ ]  Other Degree \_\_\_\_\_\_\_\_\_ |
| Have you ever received a Federal Pell Grant (based on family income)? | [ ]  No [ ]  Yes |
| Military Status | [ ]  Member of the Military [ ]  Veteran [ ]  Not a Member |
| Have you ever been disciplined for student conduct violations (academic probation, dismissal, suspension)? If yes, please explain. | [ ]  No [ ]  Yes, explain |
| Have you ever been disciplined for academic performance (academic probation, dismissal, suspension)? If yes, please explain. | [ ]  No [ ]  Yes, explain |
| Have you ever been convicted of a Felony? | [ ]  No [ ]  Yes |
| Have you ever been convicted of a Misdemeanor? | [ ]  No [ ]  Yes |

|  |
| --- |
| BACKGROUND AND INTERESTS |
| Describe the geographical area where you were raised. | [ ]  Rural [ ]  Urban [ ]  Suburban  |
| Describe the geographical area where you would like to live and work. | [ ]  Rural [ ]  Urban [ ]  Suburban  |
| Select the veterinary medical career path(s) which most interest you (You may select more than one).  | [ ]  Small Animal (Dogs/Cats)[ ]  Exotic/Zoo Animal/Wildlife Conservation[ ]  Equine[ ]  Food Animal [ ]  Food Safety/ Food Security[ ]  Research[ ]  Academia[ ]  Government/Regulatory Medicine[ ]  Military[ ]  Pet Food Industry/Pharmaceutical Industry[ ]  Private Practice [ ]  Rural Practice [ ]  Other, Please explain |

|  |
| --- |
| ACADEMIC INFORMATION (NOTE: Please complete the following information for ANY High Schools and Colleges attended. Add pages as needed. |
| High School Name |  |
| High School Dates of Attendance |  |
| High School Postal Address |  |
| College/University Name |  |
| College/University Dates of Attendance |  |
| College/University Postal Address |  |
| Major/Minor |  |
| Cumulative Credit Hours |  |
| Cumulative GPA and grading scale |  |
| Current Year in College | [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior |
| Expected Graduation Date (Month/Year) |  |

|  |
| --- |
| PREVIOUS APPLICATIONS AND PLANS |
| Have you ever applied to a DVM program at a School or College of Veterinary Medicine? | [ ]  No [ ]  Yes |
| If Yes, please list which colleges/schools you applied to and indicate if you were accepted or not. |  |
| If you have NOT yet applied to a DVM program, do you plan on applying to an early or conditional admissions program to a School or College of Veterinary Medicine? | [ ]  No [ ]  Yes |
| If YES, please name the programs for which you plan to apply.  |  |

|  |
| --- |
| ANIMAL EXPERIENCE |
| Please list experiences you have had with animals that DID NOT involve a veterinarian using the format provided. Add pages as needed.Example:Name/Title of Experience: Happy FarmsAnimal Types: SwineDates: January 2014- July 2014Total Contact Hours: 50 hoursSupervisor Name and Contact Information: Mr. Hogg (1-555-555-5555)Is the supervisor a veterinarian? NoType of Experience: VolunteerDescription: I was responsible for caring for sows and piglets in the farrowing unit. I fed animals, maintained a quality environment, processed piglets, delivered vaccinations, and maintained production records. |
| Name/Title of Experience |  |
| Animal Types |  |
| Dates |  |
| Total Contact Hours |  |
| Supervisor Name and Contact Information |  |
| Is the supervisor a veterinarian? | [ ]  No [ ]  Yes |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |
| ANIMAL EXPERIENCE Continued |
| Name/Title of Experience |  |
| Animal Types |  |
| Dates |  |
| Total Contact Hours |  |
| Supervisor Name and Contact Information |  |
| Is the supervisor a veterinarian? | [ ]  No [ ]  Yes |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |
| Name/Title of Experience |  |
| Animal Types |  |
| Dates |  |
| Total Contact Hours |  |
| Supervisor Name and Contact Information |  |
| Is the supervisor a veterinarian? | [ ]  No [ ]  Yes |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |

|  |
| --- |
| VETERINARY EXPERIENCE |
| Please list experiences you have had **under direct supervision of a veterinarian** using the format provided. Add pages as needed.Example:Name/Title of Experience: Doc’s Veterinary ClinicAnimal Types: Dogs, Cats, ExoticsDates: January 2017- February 2018Total Contact Hours: 30 hoursVeterinarian Name and Contact Information: Dr. Doc (1-555-555-5555)Type of Experience: Paid EmploymentDescription: I assisted with animal restraint during examinations, prepared fecal samples for examination, and assisted with imaging in this small animal practice. |
| Name/Title of Experience |  |
| Animal Types |  |
| Dates |  |
| Total Contact Hours |  |
| Veterinarian Name and Contact Information |  |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |

|  |
| --- |
| VETERINARY EXPERIENCE Continued |
| Name/Title of Experience |  |
| Animal Types |  |
| Dates |  |
| Total Contact Hours |  |
| Veterinarian Name and Contact Information |  |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |
| Name/Title of Experience |  |
| Animal Types |  |
| Dates |  |
| Total Contact Hours |  |
| Veterinarian Name and Contact Information |  |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |

|  |
| --- |
| RESEARCH EXPERIENCE |
| Please list experiences you have had with research using the format provided. Add pages as needed.Example:Name/Title of Experience: Discovery LaboratoryDates: January 2016- December 2016Total Contact Hours: 500 hoursSupervisor Name and Contact Information: Dr. Discovery (1-555-555-5555)Is the supervisor a veterinarian? NoType of Experience: CourseDescription: I designed and performed my own undergraduate research project under the supervision of Dr. Discovery. I examined the effects of outdoor exercise on cortisol levels in shelter animals. I presented a poster about my research at our colleges’ research day and will be a co-author on a publication regarding this research.  |
| Name/Title of Experience |  |
| Dates |  |
| Total Contact Hours |  |
| Supervisor Name and Contact Information |  |
| Is the supervisor a veterinarian? | [ ]  No [ ]  Yes |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |

|  |
| --- |
| RESEARCH EXPERIENCE Continued |
| Name/Title of Experience |  |
| Dates |  |
| Total Contact Hours |  |
| Supervisor Name and Contact Information |  |
| Is the supervisor a veterinarian? | [ ]  No [ ]  Yes |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |
| Name/Title of Experience |  |
| Dates |  |
| Total Contact Hours |  |
| Supervisor Name and Contact Information |  |
| Is the supervisor a veterinarian? | [ ]  No [ ]  Yes |
| Type of Experience | [ ]  Volunteer [ ]  Paid Employment [ ]  Course |
| Describe the experience and your role |  |

|  |
| --- |
| PAID EMPLOYMENT EXPERIENCE |
| Please list paid employment experiences you have had that DO NOT include experiences listed above with animals, veterinarians, or research. Add pages as needed.Example:Place of Employment: Garden GroceryDates: May 2017- August 2017Hours per week during the academic year: 0Hours per week during the summer: 30Total Hours: 120Supervisor Name and Contact Information: Ms. Green (1-555-555-5555)Describe your responsibilities: I performed inventories, assisted customers, stocked shelves, and worked the cash register.  |
| Place of Employment |  |
| Dates |  |
| Hours per week during the academic year |  |
| Hours per week during the summer |  |
| Total Hours |  |
| Supervisor Name and Contact Information |  |
| Describe your responsibilities |  |
| PAID EMPLOYMENT EXPERIENCE Continued |
| Place of Employment |  |
| Dates |  |
| Hours per week during the academic year |  |
| Hours per week during the summer |  |
| Total Hours |  |
| Supervisor Name and Contact Information |  |
| Describe your responsibilities |  |
| Place of Employment |  |
| Dates |  |
| Hours per week during the academic year |  |
| Hours per week during the summer |  |
| Total Hours |  |
| Supervisor Name and Contact Information |  |
| Describe your responsibilities |  |
| EXTRACURRICULAR ACTIVITIES |
| Please list your extracurricular activities. Focus on sustained activities, not one time/one day volunteer events. Indicate your leadership roles with dates if applicable.Example:Activity Name: Pet Therapy for Hospice PatientsDates: January 2016- August 2018Total Hours: 32Leadership Roles (include dates): Not ApplicableDescribe the activity and your participation: I’m a pet therapy volunteer with my certified therapy dog. We visit the hospice twice a month. |
| Activity Name |  |
| Dates |  |
| Total Hours |  |
| Leadership Roles (include dates) |  |
| Describe the activity and your participation |  |

|  |
| --- |
| EXTRACURRICULAR ACTIVITIES Continued |
| Activity Name |  |
| Dates |  |
| Total Hours |  |
| Leadership Roles (include dates) |  |
| Describe the activity and your participation |  |
| Activity Name |  |
| Dates |  |
| Total Hours |  |
| Leadership Roles (include dates) |  |
| Describe the activity and your participation |  |

|  |
| --- |
| AWARDS AND HONORS |
| Describe awards and honors received. Do not include academic recognitions (Dean’s list) or scholarships. Example:Award/Honor Name: Making a Difference AwardOrganization Granting Award/Honor: Mayor’s OfficeDate: April 2017Describe the award/honor: The award is presented to a volunteer in recognition of outstanding service to the community.  |
| Award/Honor Name |  |
| Organization Granting Award/Honor |  |
| Date |  |
| Describe the award/honor |  |

|  |
| --- |
| AWARDS AND HONORS Continued |
| Award/Honor Name |  |
| Organization Granting Award/Honor |  |
| Date |  |
| Describe the award/honor |  |
| Award/Honor Name |  |
| Organization Granting Award/Honor |  |
| Date |  |
| Describe the award/honor |  |

|  |
| --- |
| PERSONAL STATEMENT 1 |
| Describe how your identity has been informed by your life experiences and how these experiences have motivated you to pursue a career in veterinary medicine. (300 word limit) |

|  |
| --- |
| PERSONAL STATEMENT 2 |
| Describe how you expect participation in Vet Up! Champions to benefit you in attaining the next level of your education and ultimately your career goals. (300 word limit) |

|  |
| --- |
| OFFICIAL TRANSCRIPTS |
| Please submit official transcripts from ALL High Schools and Universities attended and a copy of the classes in which you are currently enrolled (if currently in school). Please note, applicants must have a cumulative GPA of > 2.5/4.0 to be considered for Vet Up! Champions. Institutions can send transcripts via email to vetup@purdue.edu or via mail to:Office for Diversity, Equity and Inclusion Purdue University College of Veterinary MedicineLynn Hall, Room 2133625 Harrison StreetWest Lafayette, IN 47907-2026 |

|  |
| --- |
| REFERENCES (ONE REQUIRED) |
| Please submit an **Evaluation Form (Use the Provided Form) with a Reference Letter** from **ONE** counselor/advisor, faculty member, or veterinary professional. **The Evaluator** should email their materials to **VetUp@purdue.edu** or mail them to:Office for Diversity, Equity and Inclusion Purdue University College of Veterinary MedicineLynn Hall, Room 2133625 Harrison StreetWest Lafayette, IN 47907-2026 |

|  |
| --- |
| **SUBMISSION OF COMPLETED APPLICATION** |
| Please email completed application to: **VetUp@purdue.edu** or mail to:**Office for Diversity, Equity and Inclusion** **Purdue University College of Veterinary Medicine****Lynn Hall, Room 2133****625 Harrison Street****West Lafayette, IN 47907-2026** |