

JOSETTE SVITTER CONTINUING EDUCATION FUND
APPLICATION

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor/Owner: _____

Phone: _____ e-mail: _____

Length of time at clinic _____ Position(s) held: _____

Course/Seminar Title: _____

Brief Description: _____

Dates being offered: _____

Instructor (if known): _____

School offering this Course: _____

City: _____ Tuition to attend: _____

Have you taken this course before? YES NO

Amount you are requesting assistance for _____

What do you hope to learn from this course? _____

What knowledge and/or benefits could this course provide you now and in the future? _____

What is your professional career plan for the next five years?

Why should you be selected to receive this scholarship? _____

Please attach 1 letter of recommendation from a veterinarian or peer, supporting your desire to further your education, attest to your character and your management skills.

Submit to current WVPMA President by October 1st for spring semester / June 1st for fall semester, or at least two months prior to the deadline for course application.