

The South Dakota Veterinary Medical Association Scholarship Foundation (SDVMAF) is a private foundation that awards scholarships to South Dakota students who have completed at least one year of veterinary education. The scholarships are open to second or third year students attending an accredited veterinary education program.

The SDVMAF awards three scholarships each year. The SDVMAF Scholarships are:

Dr. James Bailey Scholarship: \$1,500

SDVMA Alliance Scholarship: \$1,000

Dr. Julie Williams Scholarship: \$2,000

Application requirements for each scholarship include a completed application form, a recent transcript from the veterinary school, and a personal statement describing the applicant's ties to South Dakota, special interests in veterinary medicine, and future plans. The application should also include a letter of recommendation from a veterinary professor or clinician **and** a letter of recommendation from a personal or professional connection.

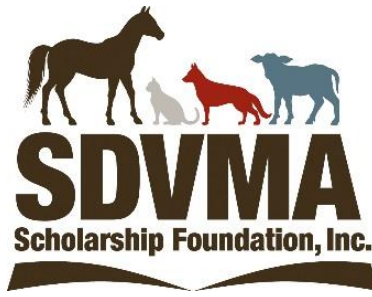
Electronic and unofficial transcripts will be accepted. Letters of recommendation may be submitted electronically with the completed application.

Applicants for the Dr. Julie Williams Scholarship must also include a statement detailing the applicant's interest in practicing large animal/mixed animal medicine in a primarily rural setting.

Only completed applications received by December 1st will be considered. You may email your application materials to sdvma@sdvetmed.org or mail materials to:

SDVMAF
Box 2175, SDSU
Brookings, SD 57007

Questions about the scholarships or the application materials can be directed to the SDVMAF at 605-688-6649 or sdvma@sdvetmed.org.



Please select the scholarship(s) you are applying for:

- Dr. James Bailey Scholarship: \$1,500
- SDVMA Alliance Scholarship: \$1,000
- Dr. Julie Williams Scholarship: \$2,000*

**Statement of Intent is required for those applying for the Dr. Julie Williams Scholarship.*

Personal Information:

Full Name: _____

Current Address and Phone Number

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Permanent Address and Phone Number

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Academic History:

High School Name: _____

High School Address: _____

Undergraduate College/University Name: _____

Undergraduate College/University Name Address: _____

Veterinary School: _____ Graduation Year: _____

Veterinary School GPA: _____

Other Degrees/Institution: _____

- Academic Transcript**—Please attach a copy of your most recent academic transcript. Unofficial transcripts are acceptable.

Please attach additional pages, as needed, to answer the following questions:

Financial Information:

Current Annual Tuition: _____

Current Annual Room and Board: _____

Current Annual Additional Expenses: _____

Anticipated Loan Burden at Graduation: _____

Other Significant Expenses: _____

Statement of Intent:

Explain why you are applying for this scholarship and what makes you the best candidate for this.

Awards/Honors:

Please list any awards/honors that you have received in college or veterinary school, the granting individual or institution and the date awards.

Professional and Volunteer Activities:

Please list any activities that you participated in during college or veterinary school, including offices held, honors received and any additional details.

***Dr. Julie Williams Scholarship Statement of Intent:**

Applicants for the Dr. Julie Williams Scholarship must also include a statement detailing the applicant's interest in practicing large animal/mixed animal medicine in a primarily rural setting.

Letters of Recommendation:

Please attach **two** letters of recommendation (one must be from a veterinary school professor or clinician).

Please provide the following information about the author of your **first** letter of recommendation:

Full Name: _____

Title: _____

Affiliation: _____

Address: _____

Phone number: _____

Please provide the following information about the author of your **second** letter of recommendation:

Full Name: _____

Title: _____

Affiliation: _____

Address: _____

Phone number: _____

Signature & Terms:

I certify that the above information is accurate to the best of my knowledge. I understand that this information is confidential and will be used only by the South Dakota Veterinary Medical Association Scholarship Foundation for the purpose of selecting a recipient.

Signature

Date

Please email the completed application and materials to sdvma@sdrvmed.org by December 1st.