

Friends of all animals is pleased to offer this scholarship to students who plan to pursue a career in veterinary medicine by continuing their education in a two or four year program.

### Selection criteria

- The applicant must be a high school senior whose parent(s) or guardian(s) live in Lebanon County.
- The applicant must plan to major in the field of veterinary medicine (D.V. M or veterinary technician).
- Selection will be based on applicant's record of scholastic achievement, extracurricular activities, and essay sponsors without regard to race, sex, religion, or financial need.
- The scholarship is not renewable.
- The application form must be accompanied by the applicant's high school transcript.
- The application must be accompanied by two (2) letters of recommendation. Recommendations may be written by the high school guidance counselors, high school teachers, community leaders or employers.
- Selection of the recipient is the responsibility of "friends of all animals".

### Procedures

- Students must file their scholarships application on or before April 15.
- Selection will be made by May 1. Only the applicant selected to receive the scholarship will be notified.
- Students must commence school by fall term. Scholarship will lapse October 15 of applied year.
- Scholarship money will be payable to school attending.
- Presentation of the scholarship will be made to the recipient at "friends of all animals" meeting.
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Please mail completed applications and letters of recommendations to:

Friends of all animals  
777 N. 8th Ave.  
Lebanon, PA 17046

Scholarship application must be filled on or before April 15 of the current year.

If you have any questions, please call 717-272-6466 or e-mail us at:

[foaacats@gmail.com](mailto:foaacats@gmail.com) or [gloria.p.3566@gmail.com](mailto:gloria.p.3566@gmail.com)

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent(s) or Guardian(s)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and location of high school attended and years attended

Name and location of school: \_\_\_\_\_

Years Attended From \_\_\_\_\_ to \_\_\_\_\_

Anticipated field of study in veterinary medicine: \_\_\_\_\_

Name and address of 2 or 4 Year college you plan to attend:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number \_\_\_\_\_ email \_\_\_\_\_

Have you been accepted: Yes \_\_\_\_\_ no \_\_\_\_\_ Pending \_\_\_\_\_

List any high school and community activities

foaacats@gmail.com  
Friends of All Animals.org  
p. 3566@gmail.com  
or gloria.p.3566@gmail.com

List any awards or other form of recognition you have received such as (academics, sports, community)

List unemployment held and volunteer work you have done

Why did you choose the field veterinary medicine as your field of study?

What do you plan to do with your education in veterinary medicine?

I understand the selection procedures and acknowledge that any misrepresentation of the facts on this application will be cause enough for cancellation of the scholarship, if received.

Applicant/student signature: \_\_\_\_\_ date: \_\_\_\_\_