Application Form: The Angel Project Pre-Veterinary VMCAS Scholarship

Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

***Number of Schools You Plan to Apply to via VMCAS:** _____

Total Anticipated Application Fees: $_____

Personal Statement: (Attach a document of up to 3000 characters answering: *Why do you want to pursue a career in veterinary medicine?*)

Acknowledgement: By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that this scholarship is awarded as a reimbursement and will require proof of payment for application fees.

Signature: _____ **Date:** _____

Submit completed application and attachments to:
TheAngelProjectFoundation@gmail.com