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

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

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

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

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| 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) |

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| 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 |

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| 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 |

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| ACADEMIC INFORMATION (NOTE: Please complete the following information for ALL 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) |  |

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| 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. |  |

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| 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 Farms  Animal Types: Swine  Dates: January 2014- July 2014  Total Contact Hours: 50 hours  Supervisor Name and Contact Information: Mr. Hogg (1-555-555-5555)  Is the supervisor a veterinarian? No  Type of Experience: Volunteer  Description: 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 | |  |

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| 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 Clinic  Animal Types: Dogs, Cats, Exotics  Dates: January 2017- February 2018  Total Contact Hours: 30 hours  Veterinarian Name and Contact Information: Dr. Doc (1-555-555-5555)  Type of Experience: Paid Employment  Description: 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 |  |

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| 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 |  |

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| RESEARCH EXPERIENCE | |
| Please list experiences you have had with research using the format provided. Add pages as needed.  Example:  Name/Title of Experience: Discovery Laboratory  Dates: January 2016- December 2016  Total Contact Hours: 500 hours  Supervisor Name and Contact Information: Dr. Discovery (1-555-555-5555)  Is the supervisor a veterinarian? No  Type of Experience: Course  Description: 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 |  |

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| 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 |  |

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| 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 Grocery  Dates: May 2017- August 2017  Hours per week during the academic year: 0  Hours per week during the summer: 30  Total Hours: 120  Supervisor 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 |  |
| COLLEGIATE EXTRACURRICULAR ACTIVITIES | |
| Please list your extracurricular activities **during college**. Focus on sustained activities, not one time/one day volunteer events. Indicate your leadership roles with dates if applicable.  Example:  Activity Name: Pre-Veterinary Club  Dates: January 2016- August 2018  Total Hours: 90  Leadership Roles (include dates): Vice President (August 2016-July 2017)  Describe the activity and your participation: I attended presentations and labs on veterinary medical careers and topics. Our club volunteered at the local zoo. As Vice President, I was responsible for programming and organizing our pre-vet symposium. | |
| Activity Name |  |
| Dates |  |
| Total Hours |  |
| Leadership Roles (include dates) |  |
| Describe the activity and your participation |  |

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| COLLEGIATE 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 |  |

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| COLLEGIATE AWARDS AND HONORS | |
| Describe awards and honors received **during college**. Do not include academic recognitions (Dean’s list) or scholarships.  Example:  Award/Honor Name: First Place Undergraduate Oral Research Presentation  Organization Granting Award/Honor: MANRRS  Date: April 2017  Describe the award/honor: First place award for presentation of my undergraduate research project on dairy cow management at the National MANRRS meeting | |
| Award/Honor Name |  |
| Organization Granting Award/Honor |  |
| Date |  |
| Describe the award/honor |  |

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| COLLEGIATE 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 |  |

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| 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) |

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| 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) |

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| OFFICIAL TRANSCRIPTS |
| Please submit official transcripts from ALL Universities attended and a copy of the classes in which you are currently enrolled in. 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](mailto:vetup@purdue.edu) or via 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 |

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| 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 Medicine  Lynn Hall, Room 2133  625 Harrison Street  West Lafayette, IN 47907-2026 |

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| **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** |