

American Association of Swine Veterinarians STUDENT SEMINAR APPLICATION

First Name:	Last Name:
Mailing Address: City:	
State/Province:	Postal Code:
Country:	
Phone number:	
E-mail address:	
Veterinary School you att	tend:
Current Classification:	\square Freshman \square Sophomore \square Junior \square Senior
	of 5" or "4th year out of 6"):
	member of the national AASV organization
order to be considered fo	_
order to be considered for membership application Abstract Title:	a current student member of the national AASV at the time of submission in or the Student Seminar. For membership information, or to submit your n, visit www.aasv.org/aasv/membership.html).
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USE OF FUNDS Explain how you intend to use the scholarship funds. Limit your response to the space available below. **BIOGRAPHY AND SWINE INTEREST** Provide a brief biography and explanation of your interest in swine medicine. Limit your response to the space available below; do not add additional pages.

SUBMISSION

- 1. Save this form as "StudentLastName_StudentFirstName_Application.pdf" (e.g., Smith_Mary_Application.pdf)
- 2. E-mail the saved application along with your two abstract files to Dr. Alex Ramirez: alex@aasv.org.
- 3. Have your designated co-author email the <u>Co-Author Confirmation Form</u> to Dr. Ramirez separately.