

JOSETTE SVITTER CONTINUING EDUCATION FUND  
APPLICATION

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

Home address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Clinic: \_\_\_\_\_

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

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

Supervisor/Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Length of time at clinic \_\_\_\_\_ Position(s) held: \_\_\_\_\_

\_\_\_\_\_

Course/Seminar Title: \_\_\_\_\_

Brief Description: \_\_\_\_\_

Dates being offered: \_\_\_\_\_

Instructor (if known): \_\_\_\_\_

School offering this Course: \_\_\_\_\_

City: \_\_\_\_\_ Tuition to attend: \_\_\_\_\_

Have you taken this course before?    YES            NO

Amount you are requesting assistance for \_\_\_\_\_

What do you hope to learn from this course? \_\_\_\_\_

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What knowledge and/or benefits could this course provide you now and in the future? \_\_\_\_\_

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What is your professional career plan for the next five years?

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Why should you be selected to receive this scholarship? \_\_\_\_\_

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Please attach 1 letter of recommendation from a veterinarian or peer, supporting your desire to further your education, attest to your character and your management skills.

Submit to current WVPMA President by October 1<sup>st</sup> for spring semester / June 1<sup>st</sup> for fall semester, or at least two months prior to the deadline for course application.