

Josette Svitter Continuing Education Fund Application

Full Name: _____

Home Address / City / State / Zip: _____

Primary Phone: _____ Email: _____

Veterinary Hospital: _____

Address / City / State / Zip: _____

Direct Supervisor Name & Title: _____

Supervisor's Phone: _____ Email: _____

Length of time employed at this clinic: _____ Number of years in Practice Management: _____

Position(s) held at this clinic: _____

Position(s) held in veterinary practice management, elsewhere: _____

Continuing Education Course / Seminar Title: _____

Brief Description: _____

Dates of CE: _____ Instructor: _____

Course Sponsor: _____ Location: _____

Registration Fee: _____ Materials Fee: _____

Amount of funds you are requesting _____ Have you attended this CE in the past? _____

What do you hope to learn from this CE event?

What knowledge and benefits could this course provide you now and in the future?

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

Why should you be selected to receive this scholarship?

Please attach one letter of recommendation from a practice owner, your direct supervisor, or peer, supporting your desire to further your education, attest to your character and your management skills.

Submit this application, along with your letter of recommendation, to the current WVPMA President. It is recommended that you submit your completed application at least two months prior to the deadline for course application.