INSTRUCTIONS: Please complete all sections of this application.
Non-typed applications will be eliminated from consideration.

Note: Application Will Be Reviewed Only After Receipt Of All Requested Materials.

1. DUE DATE: Application must be postmarked by July 11th, 2022.
2. CANDIDATE SELECTION: Candidates will be selected for a preliminary interview with UNCP. Candidates selected from the UNCP preliminary interviews will be notified for a final interview.
3. TRANSCRIPT(S): Contact all schools you have attended to send official transcript(s) to the UNCP/NC State Veterinary Medicine Scholars Program at the above address.
4. PHOTOGRAPH: Attach a photograph (headshot) with the application.
5. RECOMMENDATION: Request 2 instructor appraisal forms (see attached) to be submitted by your high school counselor or science/math instructor by July 11th, 2022.
6. LETTER OF RECOMMENDATION: Request (1) one letter of recommendation from a practicing veterinary and/or a math/science instructor.
PERSONAL INFORMATION

1. NAME_____________________________________________________________ DATE OF BIRTH________________
   Banner ID#___________________________________________________________

   ETHNICITY: ☐ African American/Black ☐ Native American/American Indian ☐ Latino/Hispanic
   ☐ Asian American/Pacific Islander ☐ Caucasian ☐ Other (Specify) _______

2. CITIZENSHIP: ☐ U.S. Other ☐ (specify) ____________________________________________
   If US Citizen, state of legal residence ____________________________________________

3. CURRENT MAILING ADDRESS ______________________________________________________
   Number/Street ___________________________ City ___________________________ State ________ Zip Code ______

   PHONE/CELL# ___________________________ UNCP EMAIL ADDRESS ____________@bravemail.uncp.edu
   (Area Code) Telephone & Cell Number(s) ____________________________________________

4. PERMANENT ADDRESS, if different from current ________________________________
   (Area Code) Telephone Number ________________________________________________
   Number/Street ___________________________ City ___________________________ State ________ Zip Code ______

5. PARENT/GUARDIAN _____________________________________________________________
   City/State __________________________________________________________________
   Area Code/Telephone Number (Home) ___________________________ (Office) ___________

EDUCATION/ACHIEVEMENTS - Please attach a copy of your high school transcript.
1. LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH HIGH SCHOOL, ALL SCHOOLS, COLLEGES AND UNIVERSITY ATTENDED.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>DEGREE</th>
<th>DATES ATTENDED</th>
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</thead>
<tbody>
<tr>
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</table>

2. LIST HONORS/SCHOLARSHIPS RECEIVED IN HIGH SCHOOL. ________________________________

3. LIST EXTRACURRICULAR, VOLUNTEER AND COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED ________________________________

4. LIST ANY PRE-HEALTH-RELATED INVOLVEMENT/OPPORTUNITIES. __________________________

5. LIST VETERINARY MEDICINE EXPERIENCES. __________________________________________

6. LIST ANIMAL EXPERIENCES. ______________________________________________________

7. HOW DID YOU LEARN ABOUT THE UNCP/NC STATE VETERINARY MEDICINE SCHOLARS PROGRAM?
   ☐ ADMISSIONS COUNSELOR ☐ UNCP CAMPUS FLYER ☐ HEALTH ADVISOR
   ☐ HIGH SCHOOL COUNSELOR ☐ INSTRUCTOR/SCIENCE FACULTY
ESSAY

In the space provided below, describe in 500+ words your background, career goals, interest in veterinary medicine and motivation toward these goals. Why would you be a good candidate for the UNCP/NC STATE Veterinary Medicine Scholars Program and what benefits do you expect to receive?

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant ___________________________ Date _______________
THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE/NC STATE VETERINARY MEDICINE SCHOLARS PROGRAM

INSTRUCTOR APPRAISAL FORM

Directions: Please complete this form for ____________________________ who has applied for admission to the UNCP/NC STATE Veterinary Medicine Scholars Program

Please return completed form to: NC-HCAP
THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
Post Office Box 1510, Pembroke, NC 28372
910-521-6673

1. I have known the applicant for a period of ____________ in the following capacity ________________

2. The applicant ranks academically with other students taught in recent years as follows:
   Top 5% ___ Top 10% ___ Top 25% ___ Average ___ Below Average ___

3. Please rank the applicant on the following traits, relative to other students you have taught.

<table>
<thead>
<tr>
<th>Trait</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
<th>No Opportunity to Observe</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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<tr>
<td>Communication Skills</td>
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<td>Emotional Stability</td>
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<td>Study Habits/Skills</td>
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<td>Attendance/Punctuality</td>
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<tr>
<td>Comprehension</td>
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<td>Accuracy/Attention to Detail</td>
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<td>Maturity/Judgment</td>
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<td>Motivation/Perseverance</td>
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<td>Dependability</td>
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<td>Initiative/Industriousness</td>
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<td>Cooperative Attitude</td>
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<td>Ingenuity</td>
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<tr>
<td>Leadership/Leadership potential</td>
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</table>

4. Major strengths of this student as a prospective participant in the UNCP/NC STATE Veterinary Medicine Scholars Program are __________________________________________

____________________________________________________________________
5. The ability of the applicant to successfully pursue a veterinary graduate program is perceived as follows:

Excellent _____ Good _____ Average _____ Fair _____ Poor _____ Unsatisfactory _____

6. The applicant as an UNCP/NC STATE Veterinary Medicine Scholars Program candidate is:

Recommended with Confidence ____________ Recommended ____________

Recommended with Reservations ____________ Not Recommended ____________

NAME OF PERSON COMPLETING THIS FORM (Print or Type)

______________________________________________________________

Title ___________________________ Department ___________________________

High School ___________________________ Telephone ___________________________

School Address ___________________________

Note: Please add any relevant information

______________________________________________________________

Signature ___________________________ Date ___________________________