

**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE/  
NC STATE VETERINARY MEDICINE SCHOLARS PROGRAM**

**NC-HEALTH CAREERS ACCESS PROGRAM**

**Post Office Box 1510, Pembroke, NC 28372**

**Phone: 910-521-6673/Fax: 910-775-4751**

High School \_\_\_\_\_

Class Rank \_\_\_\_\_

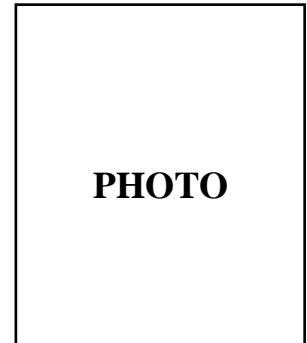
Grade Point Average \_\_\_\_\_

**COLLEGE ADMISSION TEST(S):**

SAT: Verbal Score \_\_\_\_\_ Math Score \_\_\_\_\_ Total Score \_\_\_\_\_

ACT: Verbal Score \_\_\_\_\_ Math Score \_\_\_\_\_ Composite Score \_\_\_\_\_

Veterinary Medical Interest \_\_\_\_\_



**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 October 1, 2024.
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 11<sup>th</sup>, 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 UNIVERSITIES ATTENDED.

INSTITUTION	DEGREE	DATES ATTENDED

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

OTHER (SPECIFY) \_\_\_\_\_

**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.

	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	No Opportunity to Observe	Comments
Intellectual Ability							
Communication Skills							
Emotional Stability							
Study Habits/Skills							
Attendance/Punctuality							
Comprehension							
Accuracy/Attention to Detail							
Maturity/Judgment							
Motivation/Perseverance							
Dependability							
Initiative/Industriousness							
Cooperative Attitude							
Ingenuity							
Leadership/Leadership potential							

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\_\_\_\_\_