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 11th, 2022.
6. LETTER OF RECOMMENDATION: Request (1) one letter of recommendation from a practicing veterinary and/or a math/science instructor.

This publication is also available in alternative forms upon request. Please contact Accessibility Resource Center. DF Lowry Building 910.521.6695
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.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>DEGREE</th>
<th>DATES ATTENDED</th>
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<tbody>
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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
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 5</th>
<th>Good 4</th>
<th>Average 3</th>
<th>Fair 2</th>
<th>Poor 1</th>
<th>No Opportunity to Observe</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<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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<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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<td>Leadership/Leadership potential</td>
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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 __________________________