



Georgia Veterinary  
Scholars Program

**2008 Georgia Veterinary Scholar Traineeships  
in  
Veterinary Medical Research**

**College of Veterinary Medicine  
The University of Georgia**

**NAME:** \_\_\_\_\_  
(last) (first) (middle initial)

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

PERMANENT ADDRESS (parents address): \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

<b>EDUCATIONAL BACKGROUND:</b>			
Institution	Location	Degree	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT ENROLLMENT:** \_\_\_\_\_ **CLASS OF 20** \_\_\_\_\_

Veterinary GPA: First year \_\_\_\_\_ Second year \_\_\_\_\_  
(Minimum 3.0 cumulative GPA required)

**GRE SCORES:** \_\_\_\_\_  
verbal quantitative analytical date taken

**THE SCHOLAR PROGRAM:** Explain why you are interested in this opportunity.

**YOUR EXPERIENCE:** Describe previous work experience and how it relates to your interest in this program.

**YOUR CAREER GOALS:** What are your career goals at this time and how do you see this program facilitating your efforts to attain these goals?

**REFERENCES:** Provide the names, addresses, and telephone numbers of two references that are familiar with your work performance. Please notify these individuals that they may be contacted.

Return the completed application to:

Dr. Harry W. Dickerson  
College of Veterinary Medicine, Room 226  
The University of Georgia  
Athens, GA 30602-7371  
Tel.: 706-542-5734  
Fax: 706-542-8254  
E-mail: hwd@vet.uga.edu

**Deadline for receipt in Dean Dickerson's office: Friday, January 18, 2008**