



# Veterinary Education Bursary Application

Saddle Hills County provide a Veterinary Medicine Bursary program to eligible students to promote post-secondary education in veterinary medicine and encourage rural large animal veterinary practice, as per policy [AG27 Veterinary Medicine Bursary Program](#).

**Applications should be submitted no later than July 15 of the current year.**

For more information, or help completing this application, contact Agricultural Services at (780) 864-3760 or [ag@saddlehills.ab.ca](mailto:ag@saddlehills.ab.ca).

## STUDENT ELGIBILITY

Eligible students shall:

- Be enrolled in a recognized post-secondary veterinary medicine program;
- Complete the application form;
- Write a paragraph of at least 500 words detailing their future career plans;
- Supply two letters of reference;
- Submit all required information to Saddle Hills County by July 15<sup>th</sup> of the current year.

The Applicants shall:

- Be given priority if they primarily reside within the G5;
- Be considered for each year enrolled in a recognized post-secondary veterinary medicine program;
- Be given priority for years which require clinical rotations;
- Be given priority if specializing in large animal veterinary medicine;
- Be eligible to receive the bursary for multiple years.

## CONTACT INFORMATION

**Last Name: \***

**First Name: \***

**Street Address (including house, apartment or box no.): \***

**Town/City: \***

**Province: \***

**Postal Code: \***

**Country: \***

**Phone Number: \***

Email Address: \*

PRIMARY RESIDENCE

Is your primary residence the same as the address listed above? \*

☐ Yes

☐ No

Street Address (including house, apartment or box no.): \*

Town/City: \*

Province: \*

Postal Code: \*

Country: \*

PERSONAL INFORMATION

Have you lived in Alberta all your life? \*

- ☐ Yes
- ☐ No

When did you move to Alberta? \*

Social Insurance Number: \*

Birthdate: \*

EDUCATIONAL INFORMATION

Name of Post-Secondary Institution: \*

Town/City: \*

Recognized Veterinary Medicine or Veterinary Technologist Program Enrolled in: \*

Area of Specialization: \*

Student Identification Number: \*

What year of your program are you entering? \*

Length of program (in years): \*

What date will you be starting school this upcoming year? \*

What date will you be finishing school this upcoming year? \*

What is your anticipated graduation date? \*

When will you be available to start work? \*

Grade Point Average (GPA): \*

Please upload a copy of your latest transcript and 2 references \*

Have you previously been enrolled in other post-secondary education? \*

☐ Yes

☐ No

Please provide the name of each institution, the program enrolled in, the degree, and the years completed \*

Please write a paragraph of at least 500 words detailing your future career plans \*

**Please sign in the box below \***

**Notice of Collection**

The personal information on this form is being collected for the purpose of determining student eligibility and will be shared with Council and Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact [admin@saddlehills.ab.ca](mailto:admin@saddlehills.ab.ca) or call (780) 864-3760.

**Please send me a pdf copy of this form**

- ☐ Yes
- ☐ No

**Email address for copy of form \***