

Vermont Food Animal Veterinarian Educational Loan Repayment Program

The VFAVELRP was established by the Vermont General Assembly to help ensure a stable supply of food animal veterinarians in regions of the state as determined by the Vermont Secretary of Agriculture.

APPLICATION FORM DEADLINE OCTOBER 31, 2017

Section A. PERSONAL INFORMATION

Applicant's Name: _____
First
Middle
Last
Suffix

Social Security Number: _____ (optional)

Other Legal Name(s) Used (e.g. maiden name): _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Town of Residence: _____ County: _____ State: _____

Phone: _____ Email: _____

U.S. Citizen? Yes No If no, current visa type _____

Vermont Resident? Yes No

Degree: DVM/VMD Other _____ AVMA Accredited? Yes No

Education:	Name of School/Program	State	Degree	Date of Degree Completion
Undergraduate				
Graduate				
Veterinary School				
Internship				
Residency				

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Applicant Name: _____

Have you ever been fired from a veterinary position or been convicted of a crime (other than minor traffic violation) in any state? Yes (in Year _____) No

If yes, please explain: _____

Do you have a current contractual service obligation in return for scholarship, loan forgiveness, or loan repayment (e.g., university, military, VSAC/state, federal program, employer, etc.)? Yes No

If yes: Award Amount: _____ Obligation Start Date: _____ Obligation End Date: _____

Name of Organization/Program: _____

If current or existing service agreement, list the terms of this obligation:

Section B. CURRENT OR ANTICIPATED EMPLOYMENT INFORMATION

Name of Employer: _____

Supervisor's Name: _____ Phone: _____

Employment Site Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Job Title: _____

Species Breakdown: _____

Average Hours/Week Dedicated to Food Animal Medicine at Position: _____

On-Call Expectations: _____

Employment Start Date: _____

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Section C. PERSONAL STATEMENT

In no more than three double-spaced, typed pages, describe your short-term and long-term career objectives in veterinary medicine, your plan to achieve these objectives, your relevant knowledge, skills, abilities and experience, and your practice plans and logistics to address the specific shortage situation to which you are applying. Include an explanation of 1) why you believe the situation you are applying for is one truly in need of food animal supply or other specialty veterinary services, 2) why you believe you are well-trained and professionally positioned to mitigate this shortage situation, and 3) how you plan to participate in and contribute to the community in which you decide to practice veterinary medicine. Please attach your personal statement to the application form.

Section D. DOCUMENTATION VERIFYING U.S. EDUCATIONAL LOANS

Please attach official documentation from your U.S. lender(s) listing your original total debt and all currently unpaid **student loans** (any educational loan, including undergraduate) borrowed in your name for your educational pursuit. This documentation must be from the U.S. lender(s), such as a current statement of account, printed statement from web account, or letter from the lender. The documentation must clearly indicate that these are educational loans obtained through a U.S. student loan program and may not include any loans consolidated with another person or borrowed for another person's educational pursuit, nor may they include mortgage, car, credit card, personal, business, or any other type of loan.

Verification documentation for unpaid educational loans must be dated and must be current—dated between 6/01/17 – 10/31/17. Documentation must be actual, not estimated, and include a minimum of the following elements for each loan:

- Borrower name, loan ID #, account # (may be different from loan ID #)
- Lending institution name, address, phone, fax
- Origination date of loan
- Original amount of loan (principle amount only, without interest, on origination date; a portion of which may have been paid back prior to this application)
- Current loan amount still unpaid (principle amount plus interest and fees)

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Summarize ALL of your documented educational debt combined:

Be sure that these amounts are corroborated by the required loan verification documentation. Applications with conflicting information will be 'incomplete' until resolved. Incomplete applications will not be considered.

- Total of **ALL** (paid and unpaid, principle plus interest) educational loans **ever** borrowed in your name for your education: \$ _____
- Total of **UNPAID** educational loans verified by attached documentation: \$ _____
- Current total monthly payment amount for these **UNPAID** loans: \$ _____

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Section E. LIST OF RECOMMENDERS

Your application requires that you obtain three complete recommendations. At least one must be from a DVM/VMD, and preferably one from your current employer (if applicable). Please provide the name, email address, and phone number for the individuals who will provide a recommendation for your application. **NOTE:** If this is not your first time applying, new letters of recommendation are not necessary. Please submit a letter from the senior partner in your practice stating that you are still in good standing with that practice.

It is your responsibility to ask recommenders identified on this form to complete the recommendation form (see Section F) on your behalf.

Recommender #1

Name: _____
First Name Last Name

Email Address: _____

Phone Number: _____
(Area code required)

For how long and in what capacity do you know the recommender?

Recommender #2

Name: _____
First Name Last Name

Email Address: _____

Phone Number: _____
(Area code required)

For how long and in what capacity do you know the recommender?

Recommender #3

Name: _____
First Name Last Name

Email Address: _____

Phone Number: _____
(Area code required)

For how long and in what capacity do you know the recommender?

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Applicant Name: _____

Section F. RECOMMENDATION FORM **Please copy and provide to your recommenders.**

Recommender's Name: _____
 First Name Middle Name Last Name Suffix

Relationship to Applicant: _____

Position/Title: _____

Organization: _____

Work Address: _____

City State Zip

Telephone Number: _____
 (Area code required)

Email Address: _____

Applicant's Name: _____
 First Name Middle Name Last Name Suffix

How long have you known the applicant? (include approximate dates) _____

Select the rating that best indicates your assessment of the applicant in relation to his/her peers.

Rating of Applicant	Outstanding		Average		Poor	Don't Know
	1	2	3	4	5	
Previous training and experience to serve in the veterinary shortage situation applied for:						
Career goals and plans to achieve these goals:						
Commitment to providing veterinary services similar to those needed to fill this shortage:						
Capacity for self-direction; ability to work independently:						
Civic mindedness:						
Interpersonal skills:						
Critical thinking/problem solving skills:						
Overall assessment of applicant:						

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Applicant Name: _____

Short Answers: Please limit your response to 2,000 characters (approximately one double-spaced typed page) for each question. Please attach responses to this form.

What are the main strengths and weaknesses that the applicant brings to his/her work environment?

What is your assessment of the applicant's practice plans and logistics relative to the specific shortage situation he/she is applying for?

What is your overall recommendation for the applicant?

I certify that the statements herein are true, accurate, and complete.

Signature

Date

Release to Contact Recommenders

I certify that I am requesting recommendation(s) from individual(s) of my choosing that will be included in my Vermont Food Animal Veterinarian Educational Loan Repayment Program (VFAVELRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by officials of the Vermont Veterinary Medical Association (VVMA) to determine my eligibility for participation in the VFAVELRP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the VFAVELRP according to the Privacy Act System of Records. I authorize officials of the VVMA, administrators of the VFAVELRP and other authorized Government officials to contact the individual(s) I have identified to request any additional information that may be needed in determining my eligibility for participation in the VFAVELRP.

Voluntary Waiver of Future Rights to Access Confidential Recommendations

I understand that I will not have access to the recommendations based on the promise of confidentiality made to my recommenders above.

Signature of Applicant

Date

Please return this completed and signed recommendation form and any additional pages by (applicant fill in date) _____ to:

Vermont Veterinary Medical Association

88 Beech Street

Essex Jct., VT 05452

Questions? Contact Kathy Finnie at (802) 878-6888

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Section G. CERTIFICATION

I certify that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury that all of the information contained herein and evidence or other credentials submitted herewith is true and correct to the best of my knowledge. I understand that the information I have provided is subject to verification and that willingly providing false information will result in disqualification from this program.

I certify that I agree to the eligibility requirements and service commitment associated with the Vermont Food Animal Veterinary Educational Loan Repayment Program.

I give permission for the VVMA to verify information contained in this application and acknowledge that this process may include discussing my application with lender(s), employer(s) and reference(s) listed in this application. I authorize my lender(s), employer(s) and reference(s) to provide information that pertains to this application.

Since this is a newly implemented program, I understand that I may be asked to provide additional information in the future. If I am an award recipient under this educational loan repayment program, I understand that I will be required to sign a written agreement with the Vermont State Agency of Agriculture.

Signature: _____

Print name: _____

Date: _____

Return completed application to:

Vermont Veterinary Medical Association
Attn: VFAVELRP
88 Beech Street
Essex Jct., VT 05452

Questions? Contact VVMA Executive Director Kathy Finnie at 802-878-6888 or Kathy@vtvets.org

Copies of the application and program overview are available at www.vtvets.org.



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