January 30, 2019

Dean of Academic Affairs  
Midwestern University  
College of Veterinary Medicine  
Glendale, AZ 85308

To Whom It May Concern:

Please find enclosed one application for the New Jersey Veterinary Foundation Education Grant Application for 2019. Kindly forward this information to eligible Veterinary students after they complete their first year of veterinary school. Additional applications can be downloaded at njvma.org/grants/.

The NJVF is dedicated to advancing and supporting admitted veterinary students in achieving their DVM/VMD degrees. Since 1975, the New Jersey Veterinary Foundation has awarded over one million dollars in scholarship grants, and in the past interest-free loans and forgivable loans to New Jersey veterinary students. The NJVF Scholarship Program is funded solely by contributions, and New Jersey veterinarians generate a significant portion of those funds. New Jersey residents are eligible to apply after completing their first year of veterinary school.

The NJVF has changed its award policy. Beginning with the 2015 awards, only grants will be provided—no loans. The NJVF made this change based on the increasing debt load borne by veterinary students.

There are 4 criteria on which those scholarship award winners are chosen by the NJVF; including the student’s connection to the state of NJ, the current level of educational indebtedness (exclusive of other loans), the ability of the student’s family to supply financial support, and the recommendation letters. NO INCOMPLETE APPLICATIONS WILL BE CONSIDERED.

If an applicant is awarded scholarship money, it will be paid directly to the veterinary school, details of which can be obtained via phone (908-281-0918) or e-mail info@njvma.org. New Jersey residents attending veterinary school are invited to print the forms, after completing their first full year of veterinary school.

The submission deadline for applications and all required documents is April 30, 2019.

Regards,

The NJVF Education Committee

New Jersey Veterinary Foundation  
390 Amwell Road, Suite 402  
Hillsborough, NJ 08844  
T: (908) 281-0918 • F: (908) 450-1286  
info@njvma.org
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NO INCOMPLETE APPLICATIONS WILL BE CONSIDERED.

A. Prepare three copies of the application:
   1. Send the original copy by APRIL 30th to the Scholarship Committee of the NJVF.
   2. Give one copy to the dean's office.
   3. Retain one copy for your own information.
   4. Please note that even if you are independent of parental support, your parents or guardians must complete questions 1, 2, 3, and 6 and sign the Parents/Guardian Confidential Financial Questionnaire, and a copy of both sides of the first page of their most recent federal income tax return must be included. If your parents are divorced, we require both of their tax returns.

B. The application sent to the Scholarship Committee must be accompanied by two or more RECENTLY DATED letters of recommendation who know your character and need. One letter must be from a member of your veterinary faculty and one must be from a veterinarian in the State of New Jersey. All letters of reference should be sent directly to the NJVF. It is your responsibility to be sure that letters of recommendation are submitted by the due date.

C. Print or type clearly. Any application that is ineligible will not be considered.

D. Please read the entire application prior to completion. All questions must be answered. If an application is not complete with signature, it will not be considered. The application must be verified in two places—verification of academic standing by your dean and existing indebtedness by your financial aid officer. The parents’ questionnaire and copies of the first two pages of both you and your parents tax form must also be submitted.

E. The deadline FOR submission of application is April 30th for the coming school year beginning in September. Your application will not be considered if received after April 30th.

F. Without exception, no award will be made without submission of the following (check off when completed):
   1. Completed application, signed by you, your Dean and financial officer.
   2. Your Parents/Guardian Confidential Financial Questionnaire.
   3. Letters of recommendation from a veterinary faculty member and a New Jersey veterinarian.
   4. Copies of both sides of the first page of both your and your parents most recently filed federal tax return. If the student’s income was below IRS filing threshold, or tax returns are not submitted, then an explanation note is required or the application will be considered incomplete.
Education Grant Application

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If an applicant is awarded scholarship money, it will be paid directly to the veterinary school, details of which can be obtained via phone (908-281-0918) or e-mail info@njvma.org.
2019 Education Grants - Parental Questionnaire

This confidential questionnaire MUST be completely filled out by one or both of your parents/guardians or the Board may not be able to adequately assess your need.

Please complete form and attach a signed photocopy of both sides of the first page of this year’s Federal Income Tax Return. If you have filed for an extension, you must submit a copy of the tax return when it is completed. This requirement is made for all students regardless of age, marital status, or independence of the student.

Without exception, no award will be made without submission of this completed, signed form and a copy of your tax return. If your parents are divorced, we require both of their tax returns.

1. Applicant's Name ________________________________

2. Father’s Name __________________ Age ______ Occupation ____________________
   Mother’s Name __________________ Age ______ Occupation ____________________
   Guardian’s Name __________________ Age ______ Occupation ____________________

   Parent's Full Address ________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

   Number of Persons Dependent on Parents/Guardian Income ______________________

3. To determine if the student or applicant is independent of parental/guardian support (as defined by the Federal Government), you must answer "no" to a, b, and c for your student/applicant to be declared independent.
   a. Did or will the student live with the parent/guardian for more than six weeks (42 days) during the current year, previous year, or coming year? Yes No
   b. Did or will the parents claim the student as a U.S. income tax exemption in the current year, previous year, or coming year? Yes No
   c. Did or will the student get more than $750 worth of support from the parents during the current year, previous year, or coming year? Yes No

If a student meets the conditions of "independence" as defined by the Federal Government in questions a, b, c, only questions 1, 2, 3, and 6 need to be answered and the application signed and dated by the parents/guardian and question 16 answered by the student on the Student Confidential Questionnaire regardless of independence. A copy of both sides of the first page of your most current Federal Income Tax Return with signature is required for the student’s application to be considered. If your parents are divorced, we require both of their tax returns.

4A. Assets
   Cash, Savings ____________________________________________
   Home Equity, Value of House ______________________________
Mortgage

Amount of Investments, Securities, Antiques, Fine Arts, etc.

Business, Farm

Cars

Other

4B. Liabilities - existing indebtedness - itemize and include amount:


5. Income
   Taxable Income - please report last year's amount as filed, or will be filed, for federal income tax:

   Total Gross Income

   Taxable Income

   Non-Taxable Income

6. What is the amount of your financial support to your student for the

   Past school year?

   Present school year?

   Coming school year?

7. Describe any circumstances (not explained elsewhere) that might have a bearing on your financial situation.


I have read carefully the questions in this application. Each answer as made herein is correct and complete to the best of my knowledge and belief. I give the NJVF permission to receive and verify the information reported.

Signature __________________________ Print Name __________________________ Date _________

Signature __________________________ Print Name __________________________ Date _________
NJVF Scholarship Application

1. Applicant name

Age Sex Place of Birth

2. Social Security Number

3. Marital Status (mark one)
   Single Married Divorced/Separated

   Number of children

4. Permanent address

   Current mailing address

5. Home phone

   Cell phone

   Email

   What is your preferred method of contact?

6. Are you a current resident of the State of NJ?

   Do you have a voter registration card?

   Driver's license

   Residence

   Do you have another connection to the state of NJ? If so, explain

7. Education – schools attended, dates and degrees
   Starting with high school up to the veterinary school you currently attend
8. In the coming year you will be a 2nd 3rd 4th year student. Check one.

9. Current annual college expenses
   (Please give actual figures, not school-supplied statistics)
   Tuition
   Room
   Board
   Books/supplies
   Travel
   Health care
   Personal costs
   Other

   Total Annual College Expenses $__________

10. Do you pay "in state" tuition at your school? _______________________

11. Income of Student (and spouse if applicable):
    List and describe income for the coming year, including estimated amounts
    and/or loans/scholarships applied for:
    Scholarships, Fellowships, Grants, Loans, Other...

12. Part-time job or summer employment (include income estimate not savings
    Estimate) _______________________
    Spouse income _______________________
    Family support (parents, relatives) _______________________
    Other income _______________________

    Total Annual Income $__________

13. Assets of Student (and spouse if applicable):
    Car (make, model, year, purchase price, amount owed)

    Present book value _______________________
    Cash and savings _______________________
    Home equity _______________________

New Jersey Veterinary Foundation
390 Amwell Road, Suite 402
Hillsborough, NJ 08844
T: (908) 281-0918 F: (908) 450-1285
info@njvma.org
Other real estate

Investments/IRA's / Retirement Accounts

Businesses, farms

Other (describe)

Total assets (not including your car's value) $__________

14. **Educational loans** (include all previous educational loans; do not include anticipated loans)

Undergraduate loans


Graduate/Veterinary School Loans


Spouse's Educational Loans


Total Educational Loans $__________

15. **Non-Educational loans** (show lender and purpose)


Total Loans $__________

Existing indebtedness must be verified by your financial aid officer or the other college official on the last page of this application.
16. **Special circumstances**  
*Please describe any circumstances (not explained elsewhere) that might have a bearing on your financial situation. Examples: health issues, family changes, or any other unusual circumstance of which the Board should be advised.*  


17. **Character References**  
(Individuals familiar with your character and financial need) **All letters must be recently dated.** The first two references are **required.** Applications without the faculty member and NJ Veterinarian recommendations will NOT be evaluated.  

a. **Veterinary School Faculty Member**  
Name________________________________________  
Address______________________________________  
Phone________________________________________  

b. **Veterinarian working in New Jersey**  
Name________________________________________  
Address______________________________________  
Phone________________________________________  

c. **Optional (neighbor, clergy, undergraduate teacher)**  
Name________________________________________  
Address______________________________________  
Phone________________________________________  

ALL letters of reference should be sent directly to the NJVF.  
**Email** info@njvma.org  
**Postal Address** NJVF, 390 Amwell Road, Suite 402, Hillsborough, NJ  08844  
**Fax** 908-450-1286  

**Questionnaire of parent/guardian**  
*This confidential questionnaire MUST be completely filled out by each parent or guardian or the Board may not be able to adequately assess your need.*  

Parent/Parents/Guardian confidential questionnaire has been provided as part of this application  
Yes  No  

If you are independent of parental/guardian support (as defined by the Federal Government), please explain why on a separate sheet of paper.
SUMMARY INFORMATION – please complete

Name of school _____________________________________________

Year of graduation ___________________________________________

Total expenses for the upcoming year ____________________________

Total EDUCATIONAL RELATED debts ____________________________

Did you apply in the past, and were awarded a NJVF Scholarship? _____________

If so, when, and how much was the award? ____________________________

I have read carefully the questions in this application. Each answer as made herein is correct and complete to the best of my knowledge and belief. I give the NJVF permission to receive and verify the information reported.

Signature ___________________________________________________

Date _______________ Print Name _________________________________

Note: This application must be verified by two school officials below. Your parents’ questionnaire and copies of the first two pages of last year’s Federal Income Tax Return for both yourself and your parents must be submitted for the Board’s examination, even if you are independent from your parents. If you or your parents are filing an extension for last year’s tax return you must submit a copy once you have filed.
CERTIFICATION OF ACADEMIC STANDING AND RESIDENCE

Student's Name ________________________________

This student's cumulative grade average as of _____________ is _______________.

DATE CUM. GRADE AVERAGE

This student is registered as a resident of the State of New Jersey.

Signature of Dean ____________________________________________

Print Name ___________________________________________________

The student's statements about existing indebtedness are, to the best of my knowledge, correct.

Signature of Financial Aid Officer _________________________________

Print Name ___________________________________________________