**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

**PHOTO**

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.

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.

|  |  |  |
| --- | --- | --- |
| **INSTITUTION** | **DEGREE** | **DATES ATTENDED** |
|  |  |  |
|  |  |  |
|  |  |  |

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. list veterinary medicine experiences.

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6. LIST ANIMAL EXPERIENCES.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. HOW DID YOU LEARN ABOUT THE UNCP/NC STATE VETERINARY MEDICINE SCHOLARS PROGRAM?

󠆫 admissions counselor 󠆫 UNCP Campus flyer 󠆫 Health advisor

󠆫 high school counselor 󠆫 instructor/science faculty

󠆫 other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Excellent  5 | Good  4 | Average  3 | Fair  2 | Poor  1 | No Opportunity  to Observe | Comments |
| Intellectual Ability |  |  |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |  |  |
| Study Habits/Skills |  |  |  |  |  |  |  |
| Attendance/Punctuality |  |  |  |  |  |  |  |
| Comprehension |  |  |  |  |  |  |  |
| Accuracy/Attention to Detail |  |  |  |  |  |  |  |
| Maturity/Judgment |  |  |  |  |  |  |  |
| Motivation/Perseverance |  |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |  |
| Initiative/Industriousness |  |  |  |  |  |  |  |
| Cooperative Attitude |  |  |  |  |  |  |  |
| Ingenuity |  |  |  |  |  |  |  |
| Leadership/Leadership potential |  |  |  |  |  |  |  |

4. Major strengths of this student as a prospective participant in the UNCP/NC STATE Veterinary Medicine Scholars Program are

1. The ability of the applicant to successfully pursue a veterinary graduate program is perceived as follows:

Excellent Good Average Fair Poor Unsatisfactory

1. 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