

**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 _____

Class Rank _____

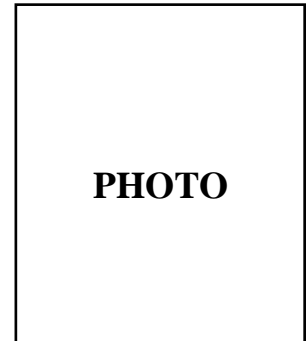
Grade Point Average _____

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.

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.

5. LIST VETERINARY MEDICINE EXPERIENCES.

6. LIST ANIMAL EXPERIENCES.

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/
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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 _____

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

Excellent____ Good_____Average____ Fair_____Poor____ Unsatisfactory____

6. 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_____