

**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE AND
NC STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE
EARLY ASSURANCE SCHOLARS PROGRAM**

**Thank you for your interest in the University of North Carolina At Pembroke/
NC State University College of Veterinary Medicine Early Assurance Pathway!**

Please ensure that you have met the following program-specific prerequisites prior to packet submission:

- Minimum GPAs (comprises all courses, including repeated courses)**
 - Overall GPA \geq 3.0**
 - Math/Science GPA \geq 3.0**
 - Past 45 credits GPA \geq 3.0**
- Completed at least 30 college credit hours at UNCP (rising sophomore)**
- North Carolina resident**
- 2 Letters of Recommendation from Practicing Veterinarian, Research Faculty, or Math/Science Faculty**

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APPLICATION FORM 2024-2025

NC State University College of Veterinary Medicine entering class of 2027

NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM

Jacobs Hall, Suite F

Post Office Box 1510, Pembroke, NC 28372

Phone: (910) 521-6673 | Fax: (910) 775-4751

Email: hcp@uncp.edu

PERSONAL AND RESIDENTIAL INFORMATION			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
State of Legal Residence:	<input type="text"/>	County:	<input type="text"/>
Phone Number:	<input type="text"/>	Banner ID:	<input type="text"/>
University Email:	<input type="text"/>		

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.

- DUE DATE:** Application must be postmarked by November 4, 2024. You may email your completed application to hcp@uncp.edu or hand deliver it to the NC-HCAP Office, Jacobs Hall-Suite F, as well.
- CANDIDATE SELECTION:** Candidates selected for a preliminary interview with UNCP will be notified by November 11, 2024.
- TRANSCRIPT(S):** Contact all colleges you have attended to send official transcript(s) to the Early Assurance Scholars Program at the above address.
- RECOMMENDATION:** Request two letters of recommendation (2) to be submitted by your Science/Math Instructor, Research Faculty, or Preceptor.

This publication is also available in alternative forms upon request.
Please contact Accessibility Resource Center.
DF Lowry Building | 910.521.6695

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EDUCATION/ACHIEVEMENTS						
HIGH SCHOOL ATTENDED	DEGREE/GED	DATES ATTENDED				
COLLEGE(S) ATTENDED	DEGREE	DATES ATTENDED				
HONORS/SCHOLARSHIPS RECEIVED						
EXTRACURRICULAR AND COMMUNITY ACTIVITIES						
PRE-VETERINARY RELATED INVOLVEMENT/OPPORTUNITIES						
CERTIFICATIONS (CNA, CPR, EMT, ETC.)						
GPA						
Overall:						
Math/Science Courses:						
Last 45 Credit Hours:						

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Veterinary Area of Interest:

ESSAY

In the space provided, give a detailed description of your background, veterinary medicine career aspirations, relevant experiences that have shaped your interest in this career, and the driving force behind your goals. Your response should be a minimum of 500 words. Additionally, explain why you believe you would be a strong candidate for the Early Assurance Scholars Program and outline the benefits you anticipate gaining from participation in the program.

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LETTER(S) OF RECOMMENDATION	
Give the name and title, address, and telephone number of the person submitting a letter of recommendation for you.	
Name:	
Title:	
Department:	
Address:	
Telephone Number:	
Name:	
Title:	
Department:	
Address:	
Telephone Number:	

PARENT/GUARDIAN	
Name:	
Phone:	
Relationship:	
IN CASE OF EMERGENCY, CONTACT	
Name:	
Phone:	
Relationship:	

HOW DID YOU LEARN ABOUT THIS EARLY ASSURANCE SCHOLARS PROGRAM?

- Admissions Counselor
 Preprofessional Health Advisor
 Past Early Assurance Scholar
 Instructor/Science Faculty
 High School Counselor
 Other (Specify) Click or tap here to enter text.

I CONFIRM MY UNDERSTANDING THAT A STUDENT COMPETING FOR THE EA AWARD AT ONE UNIVERSITY IS INELIGIBLE TO BE NOMINATED FOR AN EA AWARD AT ANOTHER UNIVERSITY.

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: