

# Large Animal Veterinary Bursary Application: Licensed Vet or Registered Veterinary Technologist

## Applicant Information

NAME:	DATE:
MAILING ADDRESS:	POSTAL CODE:
HAMLET/TOWN:	PROVINCE:
PRIMARY PHONE NUMBER:	EMAIL:
PHYSICAL ADDRESS:	

## Employment Information

WHAT IS THE NAME OF THE SCHOOL YOU ATTENDED TO COMPLETE YOUR DVM?

\_\_\_\_\_

WHAT IS YOUR ABVMA REGISTRATION NUMBER (ALBERTA VETERINARY LICENCE)? \_\_\_\_\_

WHAT IS THE NAME OF THE VETERINARY CLINIC YOU ARE EMPLOYED BY? \_\_\_\_\_

DO YOU COMMIT TO PROVIDING TIMELY LIVESTOCK SERVICES WITHIN YOUR RESPECTIVE SCOPE OF PRACTICE DURING CRITICAL PERIODS OF NEED FOR LIVESTOCK PRODUCERS IN BIG LAKES COUNTY? ☐ YES ☐ NO

PLEASE TELL US WHY YOU BELIEVE YOU SHOULD RECEIVE THIS BURSARY (Attach additional pages as needed)



## Documentation

PLEASE ATTACH THE FOLLOWING DOCUMENTS/INFORMATION TO YOUR APPLICATION

- ☐ COPY OF GOVERNMENT ISSUED IDENTIFICATION WHICH INCLUDES YOUR HOME ADDRESS  
(For example, driver's license)
- ☐ COPY OF VETERINARY LICENSE / REGISTERED VETERINARY TECHNOLOGIST LICENSE AND ABVMA / ABVTA REGISTRATION
- ☐ PROOF OF EMPLOYMENT

## Agreement

I hereby declare that the information I have provided in this application form is, to the best of my knowledge, correct and complete. I acknowledge that this information may be used to determine my eligibility, and to determine whether I must repay any such bursary if I do not complete my program of study, or if I otherwise breach the signed Return of Service agreement.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**The personal information on the form is being collected for the purpose of processing the Large Animal Veterinary Bursary Application under the Authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP. If you have any questions about the collection and/or retention of this information, contact the Big Lakes County FOIP Assistant at 780-523-5955.**

## Submit Your Application

Applications can be submitted in person, by mail, fax, or email to:

**Attn: Agricultural Services Manager  
Big Lakes County  
P.O. Box 239, 5306-56 St.  
High Prairie, AB T0G 1E0  
Phone: (780) 523-5955 Fax: (780) 523-4227  
Email: AgFieldman@BigLakesCounty.ca**

### FOR ADMINISTRATIVE USE ONLY

DATE RECEIVED:	DATE REVIEWED:	REVIEWED BY:
AMMOUNT APPROVED:	COUNCIL MOTION:	

COMMENTS:

---

---