Large Animal Veterinary Bursary Application: Students

Applicant Information

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

Education

WHAT IS THE NAME OF THE SCHOOL YOU ARE ATTENDING, OR ARE PLANNING TO ATTEND?

_____

WHAT IS THE NAME OF THE PROGRAM YOU ARE ENROLLED IN? _____

_____

WHAT IS THE LENGTH OF THE PROGRAM (IN YEARS)? _____

HOW MANY YEARS HAVE YOU COMPLETED? _____

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

Employment

PLEASE PROVIDE THE NAME OF THE VETERINARY SERVICE PROVIDER / CLINIC SERVICING BIG LAKES COUNTY THAT YOU WILL BE EMPLOYED WITH FOR THE DURATION OF YOUR WORK PLACEMENT. _____

_____

THE STUDENT BURSARY IS PAID OUT BASED ON THE NUMBER OF MONTHS COMPLETED WITH A VETERINARY SERVICE PROVIDER WHO PROVIDES LIVESTOCK-ORIENTATED SERVICES TO BIG LAKES COUNTY PRODUCERS. PLEASE PROVIDE THE TIME PERIOD OF YOUR SUMMER WORK OR PRACTICUM PLACEMENT.

_____

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)

☐ TWO (2) PROFESSIONAL REFERENCES

☐ AND ONE (1) OF THE FOLLOWING:

☐ ACCEPTANCE LETTER ☐ CONFIRMATION OF ENROLMENT ☐ TUITION RECIEPT

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: _____

Protection of Privacy: Personal information provided is collected in accordance with Access of Information Act and Protection of Privacy Act. It will be used for the purpose of processing the Large Animal Veterinary Bursary Application. Should you require further information about collection, use and disclosure of personal information, please contact Big Lakes County Privacy Coordinator.

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: