



GRANT APPLICATION FORM

Submit completed application form and short essay to westernpoultryvets@gmail.com

APPLICANT INFORMATION

Full Name _____

Veterinary School _____

Expected Graduation Year _____

Email Address _____ Telephone _____

Applicant Status (*Required Eligibility Confirmation*)

I confirm that I am currently enrolled in a Doctor of Veterinary Medicine (DVM) program or pursuing a Master's degree or further postgraduate study in veterinary medicine.

EXTERNSHIP / EXTERNAL ROTATION DETAILS

Type of Experience (CHECK ONE)

Poultry-focused externship

Poultry-focused external rotation

Other _____

Host Practice / Organization Name _____

Location (CITY, PROVINCE/STATE, COUNTRY) _____

Supervising Veterinarian(s) (NAME/CREDENTIALS)

Supervisor Information (IF AVAILABLE) NAME _____

PHONE _____ EMAIL _____

Dates of Externship / External Rotation UNKNOWN

FROM _____ TO _____



ESTIMATED BUDGET

Please provide an estimated cost breakdown for your externship or external rotation.

EXPENSE CATEGORY	ESTIMATED COST (CAD)
Travel (AIRFARE, MILEAGE, TRANSPORTATION)	\$
Accommodations	\$
Meals	\$
Other (PLEASE SPECIFY) _____	\$

TOTAL ESTIMATED COST	\$

APPLICANT ESSAY (500 WORDS MAXIMUM)

Please address the following:

- Your interest in poultry veterinary medicine
- How this externship or external rotation supports your career goals
- Why financial support would assist you in completing this experience

(Attach essay as a separate document)

APPLICANT ACKNOWLEDGEMENT

By submitting this application, I acknowledge that:

- Grant funds are provided on a reimbursement basis only
- Proof of eligible expenses (e.g. receipts, invoices) will be required following completion of the externship or external rotations
- I will provide a brief written reflection and photos for WAPV communications

Signature of Applicant: _____

Date: _____