



2024 Aurora Pharmaceutical DVM Student Scholarship Application

Thank you for applying for the Aurora Pharmaceutical DVM Student Scholarship Program. Aurora Pharmaceutical is proud to invest in the next generation of veterinarians by offering a total of \$75,000 in scholarships this year.

PROGRAM: All 3rd year students currently pursuing their DVM at an accredited university within the United States are eligible to apply. In total, \$75,000 in scholarships will be awarded:

- 16 individual \$2,500 scholarships
- 5 individual \$5,000 scholarships
- 1 individual \$10,000 scholarship

**Dependents of Aurora Pharmaceutical, Cannon Valley Vet Clinic and Veterinary Provisions are not eligible.*

SELECTION CRITERIA: Selection will be based on a combination of academic achievement, related work experience, community and university involvement, goals, essay and letters of reference. All application materials will be scored by a committee of Aurora team members.

DEADLINE: Applications in their entirety must be received via email by 11:59 CST on Friday, March 15, 2024. All applicants will be notified of their status 4-6 weeks after the deadline. Before submitting your application, please verify that the University you are attending will allow funds to be accepted on your behalf. All funds will be sent directly to the University, if your University does not allow this you will not be eligible to receive funds.

APPLICATION INFORMATION: Qualifying students may download an application by visiting aurorapharmaceutical.com/scholarships

- Completed application
 - Background/Work Experience
 - Community/University Involvement
 - Future Goals
 - Essay
 - Photo release and applicant signature
- Copy of current unofficial or official transcript (include class rank if you are graded on pass/fail)
- Two current letters of reference (only two) can be submitted by applicant or references directly
- The application must be typed. Only signatures can be hand written

TO SUBMIT: all completed application materials can be saved as PDF files and sent directly to scholarships@aurorapharmaceutical.com

QUESTIONS: If you have any questions, please contact our scholarship program coordinator Breanna Snyder at (507) 645-3245 or BSnyder@aurorapharmaceutical.com



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Applicant Information

Name (last, first): Date of Birth:
 Mailing Address:
 City: State Zip:
 Phone Number: Email Address:

University

Name of University Attending:
 Current Track (species) of Study:
 Mailing Address:
 City: State: Zip:
 University Phone Number: Expected Graduation Date:

I verify that all information contained within this application is correct and accurate.

Signature: Date:

Using the space provided below, briefly describe your background or related work experience within the field of veterinary medicine (200 words).



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List any community or university involvement, leadership roles held or experiences (work experiences, clubs, associations, fraternities, sororities, volunteer experiences, etc.). Use the space below (1., 2., 3., etc.). No extra pages, please.

Goals: Using the space provided below, please describe your career and personal goals. What impact do you hope to make to the field of veterinary medicine? How do your goals make you the best choice for this scholarship, which is dedicated to the support of our next generation of veterinary leaders? (300 words) No extra pages, please.



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Essay – In 500 words or less, answer only one of the questions below. No extra pages, please.

1. What inspired you to become a veterinarian?
2. What do you believe is the greatest innovation, or who has been the biggest influencer in the field of veterinary medicine in the last 40 years?



INFORMATION AND PHOTO USE AUTHORIZATION

I, _____ for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned give Aurora Pharmaceutical, Inc. the absolute and irrevocable right to copyright, use and publish Applicant's photograph; likeness; name; and any information disclosed in Applicant's Aurora Pharmaceutical DVM Scholarship application and any subsequent communications related to the Scholarship, except for academic information included in Applicant's transcript. Such use may include, but is not be limited to: publishing such materials in veterinary publications, advertisements, social media, and/or on www.aurorapharmaceutical.com or a related web site, or providing such materials to publications of general circulation such as newspapers.

As a required part of your application: write and sign your name and date below.

Written Name of Applicant _____

Signature of Applicant _____ Date _____