

Application

Veterinary Student Swine Externship Grant



Student Information

Name: _____

Address: _____

City: _____

State or Province: _____

Zip/Postal Code: _____

Phone: _____

E-mail: _____

Veterinary College: _____

Year of Graduation: _____

Practice Information

Name of Practice: _____

Address: _____

City: _____

State or Province: _____

Zip/Postal Code: _____

Phone: _____

E-mail: _____

AASV Member(s): _____

Dates of Externship: _____

Submit this application with projected budget for the externship to:

AASV Foundation
830 26th Street, Perry, IA 50220 USA
foundation@aaav.org

Additionally, ask the hosting practice to send a letter to the AASV Foundation that contains the following information:
1) Externship dates, 2) Practice members who are AASV members, 3) Brief description of practice (percent of swine, number of veterinarians, etc), and 4) Brief description of externship.