



UNIVERSITY
of Prince Edward
ISLAND



ATLANTIC VETERINARY COLLEGE
UNIVERSITY OF PRINCE EDWARD ISLAND

**RATHLYN RENEWABLE SCHOLARSHIPS AT AVC
Application Form**

DESCRIPTION

The Rathlyn Foundation, through its benefactors, has been exceptionally generous to the Atlantic Veterinary College (AVC) at the University of Prince Edward Island

CRITERIA

A new entrance student will be selected each Fall and three students (one in their second year; one in their third year; and one in their fourth year) who are in good academic standing will have their Rathlyn Scholarship renewed. Applicants will be selected based on the following criteria: 1) financial need 2) strong academic record and 3) well-rounded with interests and activity in a variety of areas.

APPLICATION DEADLINE IS AUGUST 15

Name of Applicant: _____

UPEI Student ID: _____

List and briefly describe your current professional experiences, training or extracurricular activities, (student or community volunteer activities, leadership roles, sports and hobbies).

Application Form (deadline is August 15)

Financial Need Form

Signature _____ Date _____

Application materials should be submitted to:

Chair, AVC Awards Committee

c/o Karen Gillis, Academic & Student Affairs

Atlantic Veterinary College, University of Prince Edward Island

550 University Avenue, Charlottetown, PE C1A 4P3

Telephone (902) 894-2827 Fax: (902) 566-0958 Email: kargillis@upei.ca

Please note: Incomplete application packages will not be considered.



Incomplete applications will not be processed. Please include this two-page form with your application package, addressed to: Chair, AVC Awards Committee, c/o Karen Gillis, Academic & Student Affairs, Atlantic Veterinary College, University of Prince Edward Island 550 University Avenue, Charlottetown, PE C1A 4P3 Phone: (902) 894-2827 Fax: (902) 566-0958

STUDENT INFORMATION

Last name		First		Middle	
Student number		Email		Program	
Student number		Email		Program	
Year of study					
Permanent Address	Street address				Home phone number ()
	P.O. Box	City/Town	Province	Postal code	
Local Address	Street address				Home phone number ()
	P.O. Box	City/Town	Province	Postal code	

IF YOU ARE DEPENDENT ON (OR LIVING WITH) YOUR PARENTS, COMPLETE THE FOLLOWING SECTION

Father's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province/State	Postal code/Zip code
Mother's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province/State	Postal code/Zip code
Parents' combined income \$				Ages of non-working siblings who are 19 years of age or younger	

IF YOU ARE MARRIED/COMMON-LAW, COMPLETE THE FOLLOWING SECTION

Spouse's/Partner's name		Occupation		Employment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
P.O. Box/Street address		City/Town		Province	Postal code
Spouse's/Partner's income \$					

IF YOU HAVE DEPENDANTS (CHILDREN), COMPLETE THE FOLLOWING SECTION

First and Last Names	Relationship to Applicant	Age

What is your cumulative GPA _____

