

United Daughters of the Confederacy®
 Towberman-Epperson Veterinary Medicine
 Virginia Division Scholarship Application Checklist

Sponsoring Chapter	Date
Location	Applicant's Name
Chapter Contact	Permanent Address
Address	City, State, Zip
Phone	Phone
Email	Email

HOW TO SUBMIT APPLICATION (check completed)

- All required materials placed flat in one stack in an envelope in the order listed below
- Materials not folded or stapled (may be secured with clip)
- Packet submitted to Second Vice President of sponsoring Chapter by Chapter's deadline to allow time to submit to Division Second Vice President by April 15 deadline
- Self-addressed, stamped 9 X 12 envelope enclosed if wish to have materials #1-4 below returned

REQUIRED MATERIALS – ONE EACH OF THE FOLLOWING (check completed)

- 1. Wallet-sized photograph of head and shoulders suitable for publication in the Old Dominion Bulletin, if applicant is awarded a scholarship. (Print name on back of photo.)
- 2. Virginia Division Scholarship Application Checklist (revised 2023), complete with all information.
- 3 Proof of United States citizenship (must provide one of the following: _____ copy of birth certificate, passport, baptismal certificate, or voter registration card).

REQUIRED MATERIALS – ORIGINAL AND THREE COPIES, COLLATED SETS (check completed)

- 4. Virginia Division Scholarship Application Form, complete with all information. This must be signed by Chapter Second Vice President and Chapter President.
- 5. Letter of endorsement from sponsoring UDC Chapter.
- 6. Letter of recommendation from recent teacher/counselor with objective evaluation of application. This must be on school letterhead. Additional letters of recommendation may be included from employers, other teachers, or other adults who are acquainted with the applicant's education goals and work ethic (such as church pastor or scout leader). Total letters of recommendation should not exceed three.
- 7. Financial Report Form, complete with all information.
- 8. Official grade transcript, including previous academic year and fall semester. If applicant attended more than one school, transcripts from all schools must be included.
- 9. Signed letter from applicant (maximum 300 words): a) pledging to make best possible use of the opportunity offered by a UDC scholarship; b) outlining goals and plans/preparation for meeting them; c) explaining what receiving a UDC scholarship would mean to the applicant.

Any application not complying with the above requirements by the April 15 deadline shall be classified as incomplete and shall not be submitted to the Virginia Division Education Committee for consideration.

United Daughters of the Confederacy®
Towberman-Epperson Veterinary Medicine
Virginia Division Scholarship Application Form

Date _____

Full Name _____

Permanent Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Date of Birth _____ Date of College/University Graduation _____

College Student Currently Yes No If Yes, Classification _____

Name of Parent(s) or Guardian(s) or Spouse _____

Address _____

City _____ State _____ Zip Code _____

Occupation of Father / Guardian 1 /Spouse _____ Occupation of Mother / Guardian 2 _____

College Major _____

Cumulative GPA / Scale _____ GRE Score _____ MCAT Score _____

Name of Veterinary Medicine School _____

Address _____

Proposed Major _____

Number of years required for graduation _____

Sponsoring UDC Chapter Name & Number _____

_____, President of _____ Chapter
(Original signature required on original form)

_____, 2nd Vice President of _____ Chapter
(Original signature required on original form)

IMPORTANT: Follow all instructions on Towberman-Epperson Veterinary Medicine Virginia Division Scholarship Application Checklist.

United Daughters of the Confederacy®
Towberman-Epperson Veterinary Medicine
Financial Report Form

Name of Applicant _____ Date _____

(If applicant is self-supporting, use the parents' spaces for self and spouse.)

Father /Guardian or Self

Mother / Guardian or Spouse

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Employer _____

Employer _____

Job Title _____

Job Title _____

Total Income – Parents / Guardians or Self & Spouse (Mark One)

\$25,000 - \$50,000 _____

\$50,000 - \$75,000 _____

Under \$25,000 _____

\$75,000 - \$100,000 _____

\$100,000 - \$150,000 _____

\$150,000 - \$200,000 _____

Over \$200,000 _____

Other anticipated source of income or financial aid (include other scholarships) _____

Other information concerning financial assets / obligations that explain need for UDC scholarship _____

Applicant's estimated expenses for one year of Veterinary Medicine School

Tuition _____

Room & Board _____

Books & Supplies _____

Other, please specify _____

Total Estimated Expenses _____

Additional Comments _____

Applicant _____

(Signature required)

Father / Guardian / Spouse _____ Mother / Guardian _____

(Signatures required unless applicant is financially independent.)

Note: Original signatures required on original form.