



State Veterinary Education Board
19 Martin Luther King, Jr. Dr. SW
Atlanta, GA 30334

ALL INFORMATION IS CONFIDENTIAL AND
FOR BOARD USE ONLY

VETERINARY LOAN REPAYMENT PROGRAM APPLICATION

MUST BE TYPED OR PRINTED

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States or a lawful permanent resident? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you a Georgia resident? YES NO If yes, for how long? _____

Education	Name of Institution/Program	State	Degree	Date of Graduation (or Expected)
High School				
Undergraduate				
Veterinary School				
Internship				
Residency				

Degree: DVM/VMD Other _____ AVMA Accredited? Yes No

Approximate total of all unpaid student loan debt and current monthly payment: _____

License Information (include other states licensed in): _____

Have you ever been terminated from a veterinary position? YES NO

If yes, please explain:

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

If yes, please explain:

Do you have a current contractual service obligation in return for a scholarship, loan forgiveness, or loan repayment (university, military, federal program, employer, etc.)?

If yes, please provide details on the award amount, name of the awarding organization, obligation period, and terms of the obligation:

Important Note:

Federal regulations do not allow applicants to participate in both the USDA Veterinary Medicine Loan Repayment Program (VMLRP) and the Georgia Veterinary Loan Repayment Program during the same contractual timeframe.

Have you applied for USDA's Veterinary Medicine Loan Repayment Program? YES NO

Do you plan to apply for USDA's Veterinary Medicine Loan Repayment Program? YES NO

Current or Anticipated Employment Information

Name of Employer: _____ Phone: _____

Address: _____ Supervisor: _____

City: _____ State: _____ Job Title: _____ Starting Date: _____

Species Breakdown: _____

Avg. Hours/Weeks Dedicated to Food Animal Medicine: _____ Counties Served: _____

Personal Statement

In no more than 1000 words, provide a brief biography and personal statement describing your short-term and long-term career goals and objectives in veterinary medicine. Please also describe your relevant knowledge, skills, and experiences that will help you achieve these goals. Also include explanations of:

1. How your services will positively impact the shortage situation in the area you intend to serve
2. Why you are motivated to serve in the veterinary shortage area you have chosen
3. How the assistance you would receive from this program will help you better serve the shortage area

Please attach your personal statement to this application form.

List of References

Your application must include three complete references, one of which must be from a DVM/VMD and one from a current or former employer. If you do not have any employment history, please include a reference from a professor directly involved in the completion of your veterinary degree program. Each reference must correspond with a recommendation form filled out in its entirety by the recommender. It is your responsibility to have the forms filled out by your references and to attach the completed forms to this application. The recommendation form can be found at <http://agr.georgia.gov/georgia-veterinary-education-loan-repayment-program.aspx>.

Reference #1

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
E-mail _____
Address: _____

Reference #2

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
E-mail _____
Address: _____

Reference #3

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
E-mail _____
Address: _____

Certification and Signature

Please take the time to read and understand each statement below. Once you have finished and have reviewed your application, please sign on the line below to acknowledge these statements and certify the information contained in this application.

I certify that I am the person herein named in this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury that all of the information contained herein and evidence or other credentials submitted herewith is true and correct to the best of my knowledge. I understand that the information I have provided is subject to verification and that willingly providing false information will result in disqualification from this program.

I certify that I agree to the eligibility requirements and service commitment associated with the Georgia Veterinary Education Loan Repayment Program.

I give permission for the State Veterinary Education Board of Georgia, the Georgia Department of Agriculture, and the Georgia Student Finance Authority to verify information contained in this application and acknowledge that this process may include discussing my application with lender(s), employer(s) and reference(s) listed in this application. I authorize my lender(s), employer(s) and reference(s) to provide information that pertains to this application.

Since this is a newly implemented program, I understand that I may be asked to provide additional information in the future. If I am an award recipient under this educational loan repayment program, I understand that I will be required to sign a written agreement with the State Veterinary Education Board of Georgia.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Completed applications can be returned via email to statevetedboard@agr.georgia.gov or mailed to:

Georgia Department of Agriculture
Attn: Bo Warren
19 Martin Luther King, Jr. Dr. SW
Suite 210
Atlanta, GA 30334

Inquiries about the program can be made to Bo Warren at Bo.warren@agr.georgia.gov Copies of this application are available at <http://agr.georgia.gov/georgia-veterinary-education-loan-repayment-program.aspx>.