



the RACE for EDUCATION



Winner's Circle Application Process:

The Winner's Circle Scholarship Program is designed to reward leadership in SCAAEP and to help offset the escalating cost of veterinary education and minimize debt load at graduation by providing financial aid to students in their 4th year of veterinary school. These \$1500 scholarships will benefit deserving students through a partnership between the AAEP Foundation and The Race For Education, as well as with the support of Platinum Performance.*

To be eligible for this scholarship, a student must

- be a national AAEP student member and active within their school's AAEP chapter;
- currently attend a college of veterinary medicine;
- apply during their 3rd year (7-9th semesters) for funding during their 4th year (final year) of veterinary curriculum.

Supporting materials that must accompany a completed application and submitted to student chapter advisor by February 14th include:

0 Essay on the following topic:

What sets you apart from other veterinary students and how will you impact the field of equine veterinary medicine? (Maximum of 750 words.);

0 Brief description of **career goals** that addresses the following:

What areas of equine practice do you plan to focus on? Please describe what steps you will take over the next 5 to 10 years to gain the experience and skills to become an expert in these areas? (Maximum of 750 words.);

0 Two signed **letters of recommendation** (seal can be broken);

0 Current official **transcript** (seal can be broken);

0 **Financial Need Verification Form** (found at the end of this application);

0 **Award letter(s)** for other scholarships, if applicable.

**All scholarships are \$1500 unless recipient qualifies for the Assets for Independence (AFI) federal grant program available through The Race For Education. If student meets federal guidelines and completes the grant program, the student receives the Winner's Circle \$1000 scholarship for the Fall term then saves \$500 as part of the grant program and receives an additional \$4000 in grant funding for their Spring term. Extensive information about the program is provided after scholarship recipients are notified of selection committee's decisions in May. The AFI program is not open to non-US residents.*

Winner's Circle Scholarship Application

Please provide information current for the summer of application year.

Name: (Last, First, Middle Initial) _____

Current address: _____ City: _____ State: _____ Zip: _____

Primary email: _____ Phone: _____

Permanent address: _____ City: _____ State: _____ Zip: _____

Undergraduate degree received from: _____

Date of undergraduate graduation: _____

Veterinary college you currently attend: _____

Current cumulative GPA: _____ on a scale of 1 to _____ (*Include official transcript*)

Intended equine specialty:

Why did you choose this specialty? _____

Are you an AAEP member? _____ Membership #: _____

Have you applied for a Race For Education Scholarship in the past? Yes No Year: _____

Community Involvement and Leadership:

List extracurricular activities and note any special recognition, leadership roles and honors. Feel free to attach a resume.

List community, religious and/or volunteer activities. Feel free to attach a resume.

Financial Information:

Amount of **TUITION** for academic year at college you attend/will be attending: _____

Have you applied for or received financial aid? No Yes (Attach a copy of financial aid or scholarship award letter.)

Have we missed anything?

Should we be aware of any issues or circumstances not previously addressed that are pertinent to your application? (Attach separate sheet if necessary.)

Verification of Information

I hereby certify the statements recorded in this application are true and accurate. I meet all requirements set forth by The Race For Education. I understand that if any statement presented in this application is untrue, I may be disqualified from consideration. If selected as a recipient of a Race For Education scholarship, I understand that I may be listed as a recipient and my image used in various publications. Additional financial information may be requested prior to award decision.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian, if applicant is 18 years of age or younger:
_____ Date: _____

The Race For Education offers additional funds through the Race For Education/ Administration for Children & Families Assets for Independence grant program (AFI). Eligible scholarship recipients agree to reach a savings goal of \$500 in an individual development savings account in their name at a specified bank over a period of 6-8 months. In return, the federal government’s AFI program and The Race For Education will match that with \$2,000 each (for a total of \$4,000). The student’s savings, the matching funds, and any interest that has accrued, is the student’s but must be used to pay college expenses and is sent directly to their school. Financial eligibility restrictions apply. If you are interested in hearing more about this program, check the appropriate box below and complete the attached Financial Need Verification Program:

I am interested in hearing more about this program. I am not interested in participating.

For a listing of SCAAEP chapters, visit www.raceforeducation.org/scholarships or contact Luke Ramsay, Student Programs Coordinator at AAEP 859.233.0417 or lramsay@aaep.org.

STUDENTS: Submit completed application and all supporting materials to your student chapter advisor at your university by February 14th each year. If the application and supporting materials are not received by February 14th, the application will NOT be forwarded to The Race For Education Selection Committee for consideration.

Applications will be reviewed by each university’s SCAAEP and the top three finalists must be sent by the chapter advisor to The Race For Education, 1818 Versailles Road, Lexington, KY 40504 and postmarked by February 28th each year. All applicants will be notified by May 31st each year. Inquiries about the scholarships may be directed to The Race For Education at (859) 252-8648. For more information about The Race For Education, email apply@raceforeducation.org or visit www.raceforeducation.org.



**The Race For Education/Administration for Children & Families
Assets for Independence Program: Financial Need Verification Form**

Student Name: _____ **Student Age:** _____
If you are 21 or older, complete this form for yourself; if you are under 21 complete this with your family's information. Your eligibility cannot be determined unless each question is answered.

Last Name of Head of Household: _____

Number in of adults in household (including self): _____ **Number of children:** _____

Current Address (for correspondence during the summer months):

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Phone:** _____

Household Members (including self):

First Name	Middle Initial	Last Name	DOB	Applying?	Adult?
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*Please attach appropriate documentation if you answer yes to the questions below. I.e., Benefits letter for TANF, tax return for EITC, etc.**

	Currently eligible	Currently receiving	Has ever received
TANF Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal EITC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State EITC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TANF: Temporary Assistance for Needy Families; EITC: Earned Income Tax Credit*

INCOME

Gross Annual Income Amount: _____ *Please attach most recent W2 or tax return.*

Annual Amount

Alimony payment _____
Child support _____
SSI/SSDI _____
Food stamps _____

<u>ASSETS</u>	<u>Value</u>	<u>Balance due</u>
Principal residence	_____	_____
Own other homes	_____	_____
Business ownership	_____	_____
Other property or real estate	_____	_____
Investments (401K, IRA, Stocks, other)_	_____	_____
Checking account	_____	_____
Savings account	_____	_____
Vehicle(s) _	1) _____	_____
	2) _____	_____

<u>LIABILITIES</u>	<u>Amount</u>
Outstanding bills past due	_____
Student loan outstanding balance	_____
Medical bills outstanding balances	_____
Personal loan outstanding balances	_____
Credit card outstanding balance	_____
Payday loans	_____

