

CCEDC 4-H “Exploring Veterinary Science” Program 1
Supported by the Dorr Foundation

Application Form

Name of Applicant: _____ d.o.b: _____

Current 4-H Member: Yes No If Yes, Club: _____

Cell #: _____ Text: Yes No

Youth Email Address: _____

Please answer the following questions with as much relevant information as possible

What experience do you have with animals and/or veterinary/medical science?

How will you use what you learn in future – short/long term?

What makes you a good applicant?

Are there issues which might affect your participation (e.g., allergies, fears, squeamishness)?

Please provide the name and contact email and phone number of a person (not a relative or family friend) who will provide a reference for you. State your relationship to them.

I confirm that I have read the Program Outline and am able and prepared to meet the requirements of the program.

Name (youth)

print

sign

date

Name (parent or guardian)

print

sign

date

Parent Email address: _____