

## **University of California, Davis School of Veterinary Medicine Summer Enrichment Program 2009**

Thank you for your interest in the University of California, School of Veterinary Medicine, Summer Enrichment Program 2009. The program is designed to provide disadvantaged students with activities that will enhance their preparation to veterinary school. The five-week intensive summer program will begin July 6 (with orientation) and end August 7, 2009. The program will accommodate up to ten students.

Students will have the opportunity to obtain some veterinary experience through rotations at our Veterinary Medical Teaching Hospital. Students are also provided resource materials for preparation of the GRE and study skills. Professionals will speak on opportunities within veterinary medicine and career opportunities. Students will be required to participate in labs and make presentations. All students are expected to complete the entire five weeks (Monday through Friday) and all components of the program. A minimum of six hours each day (8:00 a.m. to 3:00 p.m.) will be in the teaching hospital, and two hours each day (4:00 p.m. to 6:00 p.m.) will be for other program activities.

Participants will receive a \$500.00 stipend at the end of the program. Room, board and transportation **will not** be provided. We can assist in locating housing. It is highly recommended that you have a bicycle (with light) for transportation around campus.

### **Criteria for Eligibility:**

- completed a minimum of one year of biology, chemistry
- Must have a minimum 2.50 grade point average in the sciences and
- cumulative coursework
- be considered disadvantaged \*
- have some veterinary experience
- must demonstrate a commitment to veterinary medicine through previous animal/veterinary experience.
- Students must participate fully in the five-week program
- Complete all application requirements

*\* An individual who experienced or faced barriers to higher educational due to enduring family hardships, social, economic, cultural, educational, disability-related or other factors.*

**Program Components:**

The Summer Enrichment Program is designed to:

- *Gain exposure and experience with small and large animals*
- *Daily clinical rotations in the Veterinary Medical Teaching Hospital*
- *Weekly case presentations from participants*
- *Basic osteology review*
- *GRE practice test and writing skills workshops*
- *Admissions and application workshops*
- *Mock interviews*
- *Study skills/time management workshops*
- *Speakers from various veterinary medical careers*

Students are placed in various departments at the Veterinary Medical Teaching Hospital and other sites on campus on weekly rotations. Students spend 6 hours per day (5 days a week) gaining valuable experience in many diverse fields of veterinary medicine.

Afternoon presentations, typically 2 hours each day, are designed to give students valuable information regarding admission requirements, the application process, review study skills, GRE preparation, labs, and presentations from veterinary students and faculty.

**Applications are due no later than May 29, 2009.** You will be notified no later than June 8, 2009. If you have further questions, please feel free to contact our office at (530) 752-1383 or email [ywilliams @ucdavis.edu](mailto:ywilliams@ucdavis.edu).

**Please submit the application, official copy of transcript(s) from all colleges attended, and a minimum of one letter of recommendation to:**

**Yasmin Williams  
SEP Program Director  
University of California  
School of Veterinary Medicine  
Office of the Dean-Student Programs  
One Shields Avenue  
Davis, CA 95616**

**Applications may be faxed to 530-752-2801, Attn: Yasmin Williams**

**University of California  
School of Veterinary Medicine  
Summer Enrichment Program 2009**

**1. Personal Information**

Give full legal name in order indicated below. Do not use nickname or abbreviation. The name entered on the application must be used in all your official relations with the University.

Name \_\_\_\_\_  
Last First MI

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Telephone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

State of Legal Residency \_\_\_\_\_

Citizenship \_\_\_\_\_

Have you ever filed an application for admission to the School of Veterinary Medicine? \_\_\_\_\_

If yes, under what name? Please give month and year(s) of application(s) submitted.

Number of years of undergraduate work **completed at the time of SEP application** \_\_\_\_\_

List those person(s) submitting a Letter of Evaluation on your behalf. Letter(s) must be from an instructor, academic advisor, or veterinarian. A minimum of one letter is required.

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_

Have you participated in a Health Professions Summer Program? \_\_\_\_\_ if yes, please give a brief description.

List in chronological order all colleges attended, regardless of the length of attendance. Dates must include month and year. If you need additional space, please use a separate sheet.

<b>College/University</b>	<b>Dates Attended Mo/Yr- Mo/Yr</b>	<b>Major</b>	<b>Degree Conferred or expected (BS, MS,)</b>	<b>Date Conferred or expected Mo/Yr</b>

List all science courses (in chronological order) you completed to date, including the term, year and grade:

Course

Term/Year

Grade

## 2. Veterinary Experience

List and describe the most recent experience first and include volunteer an/or paid positions. Attach additional pages if necessary.

Name, Address, Phone Number of Employer & Type of Practice	Describe your responsibilities	Inclusive dates Mo/Yr	Total Weeks	Hours/ Week	Total Hrs.

## 3. Animal/Health Sciences/Other Related Experience

(Other than that listed on previous page)

Animal Experience: Agribusiness/health sciences/research. List and describe the most recent experience first. Do not include experience with personal pets. Attach additional pages if needed.

Name, Address, Phone Number of Employer & Type of Practice	Describe your responsibilities	Inclusive dates Mo/Yr	Total Weeks	Hrs./ Week	Total Hrs.

**Extracurricular and Community Activities.** List and describe extracurricular or community activities in which you were engaged (include high school). Include sports and hobbies.

## **4. Personal Statement**

Explain how your background and personal interests relate to your desire to become a veterinarian. Discuss your understanding of veterinary medicine as a profession. Discuss your career goals and/or professional objectives. Your statement must be limited to the space provided. (Please double space and leave a one inch margin on each side.)

## 5. Applicant's Family Background (optional)

Indicate your ethnic identity below by checking the appropriate space.

- Alaskan Native
- American Indian Tribal Affiliation
- Black/African-American
- Chicano/Mexican-American
- Chinese/Chinese-American
- East Indian/Pakistani
- Japanese/Japanese-American
- Korean/Korean-American
- Latino/Other Spanish-American
- Pilipino/Filipino
- Polynesian
- Thai/Other Asian
- White/Caucasian
- Decline to State
- Other, Please Specify

Name of Father/Guardian: \_\_\_\_\_ living \_\_\_ deceased

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_ living \_\_\_ deceased

Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Parent's marital status:  Separated  Widowed  Married  Divorced

Check the highest level of formal education obtained by parents:

- | Father                   | Mother                   |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is English a second language?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did not attend school.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduated from elementary school.                |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduated from high school.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduated from community college                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduated from a four-year college or university |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduate/Professional Degree                     |

Are parent's immigrants? \_\_\_\_\_ If yes, how long in this country? \_\_\_\_\_

List all siblings below:

Name	Age	Level of Education	Last Degree Awarded

**EMPLOYMENT HISTORY SINCE HIGH SCHOOL**

*Please do not include those activities listed in sections 2 and 3.*

Location & Name of Employer & Type of Employment	Inclusive Dates Mo/Yr	Hrs./Week School Year Weekdays	Hrs./Week School Year Weekends	Hrs./Week Vacation

Your responses to the following are **VERY IMPORTANT** for your evaluation of the SEP

application. Circle or check any of the areas below which you believe have posed barriers to your academic advancement.

Cultural  educational  economic  social  disability  other

Describe these barriers: (Use only the space provided)

2. Discuss how these barriers have had an impact on your academic progress and how you have overcome these barriers. (Use only the space provided)

3. Appraise your past academic performance for your strengths and weaknesses (include high school). Where do you find your greatest improvement in college? What are still some problem areas? (Focus on academic skills rather than specific courses.)

4. In a personal crisis situation to whom would you turn to for support and why? In an academic crisis to who or where would you go for help?

5. Describe your community of origin, i.e., neighborhood, income levels, educational levels, occupations.

## 7. Financial Background

Were you declared as an exemption by your parents for tax purposes in the past calendar year?

Yes                       No

Have you contributed to the financial support of your parents and/or siblings?  Yes       No

Over what period of time?

How much per year? \$

Have you ever received financial support for college from family, friends or others?

Yes     No                      If yes, amount/year \$

Have you received student Financial Aid?                       Yes               No

If yes, define grants, loans and scholarships and amount of awards.

_____	\$
_____	\$
_____	\$
_____	\$

Signature \_\_\_\_\_ Date \_\_\_\_\_