

AMERICAN GROOMING ACADEMY

PET SERVICE EXPERIENCE SCHOLARSHIP APPLICATION

PERSONAL CONTACT INFORMATION			
NAME		Date of application	
Address		Emergency Contact	
Phone Fax			
E-mail			

VETERINARY TECHNICIAN EXPERIENCE			
Describe your work experience List employers below			
Years' experience	Start	End	
Name of School attended		Start	Finish
Completed Y N			
School Phone #		School Address	

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Name of Contact		Other Reference	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Name of Contact		Other Reference	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Name of Contact			

AGREEMENT

1. Include a copy of transcript with application if applicable
2. Submit a one-page summary of your career goals and how these incorporate learning to groom professionally
3. By submitting this application, you authorize American Grooming Academy to make inquiries into the references that you have supplied.
4. Notification of awards will be mailed within 30 days of receipt of the application.

SIGNATURES			
Applicant Signature		Cosignatory	
Name and Title		Name and Title	
Date		Date	

Receipt Date _____

Received By: _____