



Veterinary Contract Spaces Program Application

APPLICANT'S CONTACT INFORMATION

Name: _____

Last 4 digits of Social Security Number: _____

Permanent address:

City: _____ State: _____ Zip code: _____

Email address: _____

Current mailing address:

City: _____ State: _____ Zip code: _____

Phone number: _____

Driver's license number: _____

State issuing driver's license: _____

EDUCATION INFORMATION

Undergraduate Institution Name _____

Institution City, State _____

Anticipated Graduation Date (month/year) _____

Name of the College of Veterinary Medicine you plan to attend _____

Enrollment Start Date (month/year) _____

RESIDENCY INFORMATION

Please list the places where you have lived for at least the past five years, beginning with the most recent address:

Address #1: _____

City: _____ State: _____

Start (month/year): _____ End (month/year): _____

Address #2: _____

City: _____ State: _____

Start (month/year): _____ End month/year): _____

Address #3: _____

City: _____ State: _____

Start (month/year): _____ End (month/year): _____

Address #4: _____

City: _____ State: _____

Start (month/year): _____ End (month/year): _____

Have you lived in Kentucky while enrolled in six or fewer college credit hours within a year prior to the term for which you are applying?

Yes: _____ No: _____

Are you or have you been in the military?

Yes: _____ No: _____

If yes, did you maintain, or are you maintaining, Kentucky as your legal residence while in the service?

No _____ Yes, and I'm currently stationed at _____

SIGNATURE

By signing below, I certify the information provided in this application and all supporting documentation is complete and correct to the best of my knowledge. I understand that residency determinations are made in accordance with 13 KAR 2:045 and that KHEAA reserves the right to request additional information as needed for my residency determination. Furthermore, failure to provide requested information may result in an automatic determination of non-resident status.

Applicant's signature _____ Date _____