



# Veterinary Contract Spaces Program Application

## APPLICANT'S CONTACT INFORMATION

Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

**Permanent address:**

**Current mailing address:**

City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

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 \_\_\_\_\_