

Veterinarian Grant Program Application Form

Grant and Outline:

This grant will be awarded to 13 new entrants into the production animal health veterinary practice in rural Nebraska.

- To qualify, you must have secured a position within the last year in a rural Nebraska county veterinary clinic that dedicates a minimum of 80% of its hours to production animals OR;
- Established a new practice in a rural Nebraska county that meets the same requirement.

Rural Nebraska county is any Nebraska county with a population of less than 40,000. As of 2025, there are 88 rural counties in Nebraska.

General Information

Name:

Address Including
County:

Phone:

Cell:

Veterinary School Attended:

GPA:

Veterinary License Number:

Have you:

Accepted a position with an
established practice, or

Established your own practice

Please provide the date you began employment with the
established practice or established your own practice:

If you accepted a position with an established practice, please provide:

Name of practice:

Address, including county:

If you are employed by an existing practice, please provide a "Letter of Employment" from the practice, on practice letterhead, including that the practice dedicates, at a minimum, 80% of its time to production animals.

If you established a new practice, please provide:

Name of practice:

Address, including county:

Narratives: Please Complete Each Section Below

Please share your experience in Animal Health, Production Livestock, or related fields.

Please share your involvement in co-curricular activities related to agriculture, animal science, and/or veterinary medicine.

Please share any academic success you have achieved.

Terms and Conditions:

The Grant Award will be distributed at the end of the eight-year grant period.

I understand that:

- I will need to supply a yearly report describing my work, including the time spent on production animal healthcare, which must be at least 80 % of total hours worked
- I will need to serve a rural Nebraska county continuously for the period of this grant
- I must notify NDOL if I move to a new county, close my practice, or move to a new clinic

Yes No

Tax Responsibility Disclaimer:

The recipient understands and agrees that any grant funds awarded under this program may be considered taxable income. It is the recipient's sole responsibility to determine any tax implications and to report the grant amount as required by federal, state or local tax authorities. The administering agency assumes no responsibility for any taxes, penalties, or other financial obligations incurred as a result of receiving this grant.

I agree with the statement above: Yes No

Signature:

Date: