



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: _____

How long have you lived at this address: _____ year(s) _____ month(s)

Driver's license number: _____

State issuing driver's license: _____

EDUCATION INFORMATION

Undergraduate Institution Name: _____

Institution City, State: _____

Anticipated Graduation Date: (month/year) _____

Circle the name of each participating College of Veterinary Medicine (CVM) in which you are applying for admission:

Auburn University CVM

University of Georgia CVM

Anticipated CVM enrollment start date: (month/year) _____

SERVICE COMMITMENT

Kentucky residents entering a College of Veterinary Medicine (CVM) and receiving Veterinary Contract Spaces (VCS) support on or after the Fall 2027 semester are required to practice one year of veterinary medicine in the Commonwealth of Kentucky for each year VCS funds are received. If a VCS recipient fails to complete the required service, the total amount of VCS support received shall convert to a loan that must be repaid to the Commonwealth with interest.

Please initial the following statements to confirm your understanding of the medical service requirement:

_____ I understand that, in order to satisfy my VCS service obligation, I must practice one year of veterinary medicine in Kentucky for each year VCS funds are received. VCS funding may be awarded up to four years while I attend a CVM.

_____ Once selected for a VCS seat, I agree to enter into a written agreement with the Kentucky Higher Education Assistance Authority (KHEAA) and understand this must be completed before any funds are sent to my CVM.

_____ If I do not complete a Doctor of Veterinary Medicine program of study, I understand any VCS funds received will convert to a loan that must be repaid with interest.

_____ I understand that options for deferment of either the service obligation or repayment may be available upon written request to KHEAA, and that I am responsible for providing any required documentation to support deferment eligibility.

_____ I understand I can pay off my VCS obligation at any time without penalty. Otherwise, if medical service is not rendered, I will be billed monthly while my account is in repayment. Should I default on my debt, my account will be assigned to the Kentucky Department of Revenue for collection and my defaulted status will be reported to the credit bureaus.

SIGNATURE

I hereby certify the information provided in this application and all supporting documentation to determine my state residency is complete and correct to the best of my knowledge. I understand that residency determinations are made in accordance with state law and that KHEAA reserves the right to request additional information as needed. I also agree to be bound by the governing statutes and regulations pertaining to the Veterinary Contract Spaces program, including fulfillment of the veterinary medical service requirement or repayment of any VCS funds disbursed to a College of Veterinary Medicine on my behalf.

Applicant's signature: _____ Date: _____