

# THE AMERICAN ASSOCIATION OF AVIAN PATHOLOGISTS FOUNDATION

## KENNETH ESSELUND PRECEPTORSHIP POULTRY MEDICINE TRAINING PROGRAM

The American Association of Avian Pathologists Foundation, Inc. is a nonprofit corporation engaged in charitable, scientific and educational activities. It offers the Kenneth Eskelund Preceptorship Poultry Medicine Training Program for veterinary students. It began in 1988 and Dr. Eskelund, who has had a successful career in the poultry biological industry and has been an ardent supporter of the American Association of Avian Pathologists, provided the capital funds for the program. The Foundation annually awards preceptorships up to \$1,300.00 to veterinary students for the purpose of helping them defray housing, living and travel expenses incurred while attending poultry medicine training programs under the auspices of their veterinary medical schools. The purpose of the preceptorships is to enable veterinary students to participate in poultry medicine training programs which will further their education and training by developing their veterinary skills through practical experience in this specialized field. The AAAP has solicited the cooperation of its members in establishing a variety of training sites including universities, diagnostic laboratories, poultry production companies and poultry breeding companies.

### Application Process

1. The application and faculty endorsement forms found on the AAAP website must be completed by **December 15, 2011** in order to be considered for the 2011/2012 academic year. Also the applicant's veterinary school transcripts and a letter indicating the applicant's current academic status must be mailed or faxed to the AAAP business office by the December 15<sup>th</sup> deadline.
2. Applicants selected to receive this preceptorship will be notified by January 31, 2012.
3. Applicants must then negotiate with the contact person from the provided list of preceptors to determine the exact training period. (The student may propose other preceptors known to them, but they must first be approved by the committee before final approval of the preceptorship.)
4. AAAP must be notified by February 15, 2012 of when and where the applicant will do the preceptorship, providing the name of the contact person and the preceptor.
5. Final approval for the preceptorship will be when all above items are completed.

### Application Instructions

A complete application consists of:

1. A completed application form.

Preceptorship Forms can be found on the AAAP web site. Applicants will need personal information, address/contact information for themselves, their veterinary school, undergraduate school and any other graduate school. Also needed is a contact name, telephone number and email address for the applicant's Academic Affairs Office and the applicant's number of completed hours of course work.

2. Two completed faculty endorsement forms.

Faculty endorsement forms can be found on the AAAP website.

The faculty member should be familiar with the applicant's interest in poultry medicine.

3. A transcript of grades and a letter indicating the applicant's current academic status in his/her veterinary college. Please send to:

Eskelund Preceptorship Scholarship  
AAAP Foundation  
12627 San Jose Blvd., Suite 202  
Jacksonville, FL 32223-8638

**APPLICATION FORM**  
KENNETH H. ESKELUND PRECEPTORSHIP  
POULTRY MEDICINE TRAINING PROGRAM

**1. Name**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. Permanent Address**

No. and Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**3. Campus/Local Address**

No. and Street: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**4. Veterinary Medical School**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

**5. Contact Person in the Academic Affairs Office**

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

Tel: \_\_\_\_\_

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

**6. Other Education**

Undergraduate: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

**7. Graduate (other than veterinary medical), if any**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

**8. Interest in Poultry:**

Please describe your interest and desire to participate in this poultry veterinary medicine training program. This should include all pertinent information including previous exposure to the field of poultry medicine. This should also include your need for experience in this field. Also describe any circumstances that suggest that you have financial need of this scholarship.

## **CONDITIONS OF SCHOLARSHIP**

It is expressly understood that students will not be provided with insurance by the preceptor unless otherwise stated on the preceptorship information sheet.

Students will be serving their preceptorship at their own risk and that neither the AAAP Foundation, Inc., its affiliate, successors, nor assigns shall be liable for any claims damages or causes what-so-ever arising out of or in conjunction with student participation in this preceptorship program.

It is expressly understood that students awarded preceptorships will be under no obligation, contractual or by expectation, to perform future services for either AAAP Foundation, Inc. or the organization operating the training facility.

Financial reimbursement, up to \$1,300.00, will be paid following the submission to the Foundation of:

1. The completed preceptorship evaluation form
2. An itemized list of expenses incurred during the approved time period at the approved training site. Original copies of the hotel, airline and rail receipts are required. Meals should be itemized by day and must be reasonable expenses not exceeding your university limits. Use of a private vehicle will be paid at 51 cents per mile when itemized by day. Any expenses submitted for reimbursement other than what is outlined in this paragraph are subject to Foundation approval.

Recipients of preceptorship awards will be required to substantiate the proper use of their grants and the foundation will seek to recover any improperly used funds.

## **CERTIFICATION AND AGREEMENT OF CONDITIONS**

I certify that the information contained in this Application is true, correct and complete to the best of my knowledge and belief, and I agree to provide proof if requested by the Foundation.

I affirm that I will immediately report any material changes in this information to the Foundation and that I will comply with the terms and conditions of any scholarship grant awarded.

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Applicant's Electronic Signature

Date