

EDUCATION HISTORY (Continued):

10. High School or Preparatory Training (Continued):

b. Name of School:

Address:

Dates Attended: 20 to 20 Date Graduated: 20
Month Year Month Year Month Year

11. College and Postgraduate Training:

a. Institution:

Address:

Major: Degree Received:

Dates Attended: 20 to 20 Graduated: 20
Month Year Month Year Month Year

b. Institution:

Address:

Major: Degree Received:

Dates Attended: 20 to 20 Graduated: 20
Month Year Month Year Month Year

c. Institution:

Address:

Major: Degree Received:

Dates Attended: 20 to 20 Graduated: 20
Month Year Month Year Month Year

12. Other Schools or Training:

a. Name of School:

Address:

Dates Attended: 20 to 20 Certificate:
Month Year Month Year

b. Name of School:

Address:

Dates Attended: 20 to 20 Certificate:
Month Year Month Year

State of New Jersey
Higher Education Student Assistance Authority
4 Quakerbridge Plaza, P.O. 540, Trenton, N.J. 08625-0540

APPLICANT AFFIDAVIT
VETERINARY MEDICAL EDUCATION CONTRACT PROGRAM

STATE OF NEW JERSEY:

COUNTY OF _____:SS

_____, of full age, being duly sworn, on his oath, according
(Name)
to law deposes and says:

1. I presently reside at: _____
(No.) (Street Name) (Apt. No.)
_____, New Jersey _____
(City) (Zip Code)

2. I have continuously resided at the above said address since: _____
(Date)

3. Prior to residing at the aforesaid address, I resided at:

a. _____
(No.) (Street Name) (City) (State) (Zip Code)
for _____ years _____ months.

b. _____
(No.) (Street Name) (City) (State) (Zip Code)
for _____ years _____ months.

4. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to appropriate legal sanctions.

(Date) (Signature)

Sworn and subscribed to
before me this _____ day
of _____, 20____

_____, A Notary Public

of the State

**State of New Jersey
Higher Education Student Assistance Authority
4 Quakerbridge Plaza, P.O. 540, Trenton, N.J. 08625-0540**

**PARENT OR LEGAL GUARDIAN AFFIDAVIT
VETERINARY MEDICAL EDUCATION CONTRACT PROGRAM**

STATE OF NEW JERSEY:

COUNTY OF _____:SS

_____, of full age, being duly sworn, on his oath, according
(Name)
to law deposes and says:

1. I am the _____ of _____
(Relationship) (Applicant Name)
whose age is _____ years, and have personal knowledge of applicant's present and past residencies.

2. _____, presently resides at _____
(Applicant Name) (No.) (Street Name)
_____, New Jersey _____ and has resided there since _____
(City) (Zip Code) (Date)

3. Prior to residing at the aforesaid address, _____ resided at:

a. _____
(No.) (Street Name) (City) (State) (Zip Code)
for _____ years _____ months.

b. _____
(No.) (Street Name) (City) (State) (Zip Code)
for _____ years _____ months.

4. I presently reside at: _____
(No.) (Street Name) (City) (State) (Zip Code)

5. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to appropriate legal sanctions.

(Date) (Signature)

**Sworn and subscribed to
before me this _____ day
of _____, 20____**

, A Notary Public

of the State