



Miller Educational
Scholarship Fund

Scholarship Recipient Application

Name: _____

Address: _____

EDPA Member Since: _____

1. Please state your experience and education in equine dentistry.

2. Please state why you are seeking EDPA Certification.

3. Please explain what your future goals or participation plans are in the field of equine dentistry.

If you need more space, please feel free to provide on a separate sheet of paper.

Applicant Signature: _____

Date: _____

The EDPA Certification Committee will review the application for Miller Scholarship Recipient and will approve on a first come first basis. *There will be EIGHT Annual Scholarships for EDPA Certification Applicants that are members of the EDPA and have passed the Pre-Certification process. These scholarships are not available to veterinarians and will be awarded on a first come first basis.*

Please submit your completed form to: office@edpaonline.org.