



2018 SUMMER STUDENT MENTORSHIP PROGRAM APPLICATION

For WCVM students in first or second year of study
admitted as Saskatchewan residents

Name _____ WCVM class of _____

E-mail address _____ Phone _____

Address _____

High school attended _____

Colleges or universities attended _____

Reason for applying for a mentorship _____

List practices where you have worked or volunteered _____

Other comments _____

Signature _____

Date _____

Return completed forms to the SVMA office by mail, email or fax:
202-224 Pacific Avenue • Saskatoon • SK • S7K 1N9 F | 306. 975.0623 E| sgauthier@svma.sk.ca

For program details, visit www.svma.sk.ca / SVMA Membership / Mentorship.