Policy Statement for
Central Vermont Medical Center
Auxiliary Scholarship
2017

Central Vermont Medical Center Auxiliary will be giving up to ten $2,500.00 scholarships to eligible students and/or adult learners this year.

The scholarship is available to students and adult learners entering a medical field.

- High school students going into a medical field from the following high schools:
  
  Cabot High School  
  Chelsea High School  
  Harwood High School  
  Montpelier High School  
  Northfield High School  
  Spaulding High School  
  Twinfield High School  
  U-32 High School  
  Williamstown High School  
  Websterville Christian School

- Anyone working at Central Vermont Medical Center who plans on furthering their education in a medical field.

- College students who change their major to a medical field or are presently in a medical field.

- Adults who decide to get further education in a medical field.

- Adult learners must live within CVMC’s service area:
  
  Barre City/Barre Town  
  Berlin  
  Cabot  
  Calais  
  Duxbury  
  E. Montpelier  
  Fayston  
  Marshfield  
  Middlesex  
  Montpelier  
  Moretown  
  Northfield  
  Orange (town of)  
  Plainfield  
  Roxbury  
  Waitsfield  
  Warren  
  Washington  
  Waterbury  
  Williamstown  
  Woodbury  
  Worcester
We are pleased to announce that the Central Vermont Medical Center Auxiliary is planning to award ten $2,500.00 scholarships to eligible students or adult learners this year. If you are planning to study in one of the following professions, please indicate which one. **You must be accepted into the specific program of study at the time of application.**

- [ ] Athletic Trainer
- [ ] Dental Hygienist
- [ ] Medical Technologist
- [ ] Pharmacy
- [ ] Physician (must be currently accepted to medical school)
- [ ] Physical & Occupational Therapist
- [ ] Practical Nurse
- [ ] Registered Nurse
- [ ] Radiology Technician
- [ ] Other: ______________________________________________________

Application Procedure: Please make sure the following are enclosed with this application.

- [ ] A copy of the acceptance letter (must state your acceptance into the specific healthcare program of study) from the college or school you are attending.
- [ ] A copy of the financial aid plan offered to you by the school or college you are attending. (Documentation must include the total cost of your education for the semester/year and your total financial aid awarded.)
- [ ] A list of other scholarships received to date
- [ ] Transcript of record (high school or college currently attending)
- [ ] Standardized test scores (high school students)
- [ ] Letter of recommendation (from a teacher, guidance counselor, employer, professional colleague)

Please send completed application to the address listed below by May 1, 2017. Your school notification will be sent out by June 1st regarding the recipients of the scholarships.

Thank you,

The Scholarship Committee

Applications should be sent to:

    Auxiliary Scholarship Program  
    Attn: Eleanor, Administration  
    Central Vermont Medical Center  
    P.O. Box 547  
    Barre, VT 05641

Questions? Contact Eleanor at (802) 371-4107.
Central Vermont Medical Center Auxiliary
Scholarship Application 2017
(adult learners please skip questions 7-9)

1. Name: _______________________________________________________________
   Last   First   Middle   DOB

2. Home Address: ________________________________________________________
   Street    Town/City          State/Zip

3. Phone Numbers: _______________________________________________________
   Primary    Alternate

4. Email Address: _________________________________________________________

5. Name and address of the college or school to which you have been accepted and will attend:
   ________________________________________________________________

6. Name of healthcare study/program you plan to major in: ___________________________
   ________________________________________________________________

7. High School attended with dates and year of graduation:
   ________________________________________________________________
   Name of Guidance Counselor: ____________________________________

8. Name of parent(s) and information, as requested below, if applicable:
   Father’s Name: ___________________ Mother’s Name: ___________________
   Occupation: _____________________ Occupation: _____________________
   Employed by: _____________________ Employed by: _____________________
   Guardian/Step-parent Name(s): ________________________________
   Employed by: _____________________

9. Brothers/Sisters also dependent on parents named in Question #7.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Please use an additional blank sheet to complete any of the following questions, if needed.

10. Please list the school and/or community activities in which you have participated.

_________________________________________________________________________

_________________________________________________________________________

11. List below all present and past employment, beginning with your most recent:

Employer: _______________________ From: __________ To (mo./yr): __________

Employer: _______________________ From: __________ To (mo./yr): __________

Employer: _______________________ From: __________ To (mo./yr): __________

12. Have you received, or do you anticipate receiving any scholarships, grants or loans award money to assist you in acquiring your education? If yes, please explain.

____________________________________________________________________________

____________________________________________________________________________

13. Below, or on a separate sheet, in two paragraphs or less, please tell us about yourself: Your school activities, the community service projects in which you have participated, and how you hope to contribute in the future.

____________________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

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____________________________________________________________________________

____________________________________________________________________________

**Attach all requested information as described on the application instructions.

I certify that all the information on this application is accurate and true.

______________________________________  ________________________
Signature of Applicant        DATE