Policy Statement for
Central Vermont Medical Center Auxiliary Scholarship

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: Administration
    Central Vermont Medical Center
    P.O. Box 547
    Barre, VT  05641

Questions? Contact Kathy at (802) 371-4109.
Central Vermont Medical Center
Auxiliary Scholarship Application
(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.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**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