Central Vermont Medical Center

APPLICATION
2023 CVMC Auxiliary Scholarship

Central Vermont Medical Center is pleased to continue administration of the CVMC Auxiliary Scholarship program providing up to ten (10) $2,500.00 scholarships to eligible students and adult learners entering a medical field and meeting the following factors:

- Graduating high school students going into a medical field from:
  - Cabot High School
  - Central Vermont Career Center
  - Harwood Union High School
  - Montpelier High School
  - Northfield High School
  - Spaulding High School
  - Twinfield Union High School
  - U-32 High School
  - Williamstown High School

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

- Employees of Central Vermont Medical Center who are furthering their education in a medical field from an accredited program.

- Adult learners furthering education in a medical field and living within CVMC’s service area:
  - Barre City/Barre Town
  - Berlin
  - Cabot
  - Calais
  - Duxbury
  - East Montpelier
  - Fayston
  - Marshfield
  - Montpelier/Roxbury
  - Middlesex
  - Northfield
  - Orange (town of)
  - Plainfield
  - Waitfield
  - Warren
  - Washington
  - Waterbury
  - Williamstown
  - Woodbury
  - Worcester

- Eligible applicants must be accepted by an accredited school into a degree program in the medical field at the time of application, including:
  - Athletic Trainer
  - Dental Hygienist
  - Medical Technologist
  - Pharmacist
  - Physician (currently accepted to medical school)
  - Physical & Occupational Therapist
  - Practical Nurse
  - Radiology Technician
  - Registered Nurse
  - Other
Application Procedure

Please complete the attached application and **make sure to include the following items** with your application.

a. A copy of your **acceptance letter** (must state your acceptance into the specific, medical field of study) from the accredited college or school you are attending.

b. 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.

c. A list of **other scholarships** received to date.

d. **Transcript** of record (high school or college currently attending).

e. **Letter of recommendation** from a teacher, guidance counselor, employer, or professional colleague.

f. Standardized **test scores** are optional for high school students.

Please send completed application to contact below emailed or postmarked no later than **May 8, 2023**. Notifications of results will be made 4-6 weeks after the deadline.

Thank you,

The CVMC Scholarship Committee

**Completed applications in PDF form may be submitted by email no later than May 8, 2023 to:** eleanor.perreault@cvmc.org

**Completed applications should be postmarked no later than May 8, 2023 and mailed to:**

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

Questions? Please contact Eleanor Perreault at the above email or (802) 371-4105
CVMC Auxiliary Scholarship Application 2023
(Adult learners please skip questions 7-9)

1. Name: ____________________________________________ DOB __________
   Last    First    Middle

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

3. Phone Numbers: __________________________________________________________
   Primary    Alternate

4. Email Address: __________________________________________________________

5. Name/address of the college or school to which you have been accepted and committed to attend:
___________________________________________________________________________

6. Name of medical study/program you plan to major in: _________________________
___________________________________________________________________________

   ___ Athletic Trainer    ___ Physician (currently accepted to medical school)
   ___ Practical Nurse    ___ Physical & Occupational Therapist
   ___ Dental Hygienist    ___ Radiology Technician
   ___ Medical Technologist    ___ Registered Nurse
   ___ Other: _______________________

7. High School attended with dates and year of graduation:
___________________________________________________________________________

   Name of Guidance Counselor: ________________________________________________

8. Parent/Guardian information, if applicable:
   
   Parent/Guardian Name: ____________________________
   Occupation/Employment: ____________________________

   Parent/Guardian Name: ____________________________
   Occupation/Employment: ____________________________

9. Sibling(s) dependent on parent/guardian: ________________________________
10. Please list the **school and/or community activities** in which you have participated (or attach resume).

_________________________________________________________________________

_________________________________________________________________________

11. List below all **current and past employment** (or attach resume):

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** to assist you in acquiring your education? If yes, please explain or attach separately.

_________________________________________________________________________

_________________________________________________________________________

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

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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