

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	Spaulding High School
Central Vermont Career Center	Twinfield Union High School
Harwood Union High School	U-32 High School
Montpelier High School	Williamstown High School
Northfield 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	Marshfield	Waitsfield
Berlin	Montpelier/Roxbury	Warren
Cabot	Middlesex	Washington
Calais	Northfield	Waterbury
Duxbury	Orange (town of)	Williamstown
East Montpelier	Plainfield	Woodbury
Fayston		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	Physical & Occupational Therapist
Dental Hygienist	Practical Nurse
Medical Technologist	Radiology Technician
Pharmacist	Registered Nurse
Physician (currently accepted to medical school)	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
____ Pharmacy	
____ 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.

****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