APPLICATION  
2022 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/or adult learners. The scholarship is available to students and adult learners entering a medical field and meeting the following factors:

- High school students going into a medical field from the following high schools:
  - 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

- 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.

- 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
  - Waitsfield
  - Warren
  - Washington
  - Waterbury
  - Williamstown
  - Woodbury
  - Worcester

- Eligible applicants must be accepted into a specific program of study in the medical field at the time of application, including the following professions:
  - Athletic Trainer
  - Dental Hygienist
  - Medical Technologist
  - Pharmacist
  - Physician (currently accepted to medical school)
  - Physical & Occupational Therapist
  - Practical Nurse
  - Radiology Technician
  - Registered Nurse
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 healthcare program of study) from the 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. Standardized **test scores** (high school students).

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

Please send completed application to Julie Kimbell in CVMC Administration by **June 3, 2022**. Notifications of results will be made 4-6 weeks after the deadline.

Thank you,

The Scholarship Committee

Completed applications should be mailed to:

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

Completed applications in PDF form may be submitted no later than June 3, 2022 to:  
Julie.Kimball@cvmc.org

Questions? Contact Julie Kimball at (802) 371-4594
1. Name: ___________________________________________ DOB ____________
   Last       First       Middle

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

3. Phone Numbers: ____________________________________________
   Primary     Alternate (cell)

4. Email Address: ____________________________________________

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

6. Name of healthcare study/program you plan to major in: ____________________________
   ___________________________________________________________

   ____ Athletic Trainer
   ____ Practical Nurse
   ____ Dental Hygienist
   ____ Medical Technologist
   ____ Pharmacy
   ____ Other: ____________________________

   ____ Physician (currently accepted to medical school)
   ____ Physical & Occupational Therapist
   ____ Radiology Technician
   ____ Registered Nurse

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.
_________________________________________________________________________
_________________________________________________________________________

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.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

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 healthcare 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