

# Policy Statement for Central Vermont Medical Center Auxiliary Scholarship 2020

Central Vermont Medical Center Auxiliary will be giving up to ten **\$2,500.00** scholarships to eligible students and/or 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	Spaulding High School
Chelsea High School	Twinfield High School
Harwood High School	U-32 High School
Montpelier High School	Williamstown High School
Northfield 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	Northfield
Berlin	Orange (town of)
Cabot	Plainfield
Calais	Roxbury
Duxbury	Waitsfield
E. Montpelier	Warren
Fayston	Washington
Marshfield	Waterbury
Middlesex	Williamstown
Montpelier	Woodbury
Moretown	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, 2020**. Your school notification will be sent out by **May 29** 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 Brigitte at (802) 371-4109.

# Central Vermont Medical Center Auxiliary Scholarship Application 2020

(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 (cell)

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.**

