THE University *of* Vermont
HEALTH NETWORK
Central Vermont Medical Center

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	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	

- 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	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 into a specific program of study in the medical field at the time of application,** including the following professions:

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

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

CVMC Auxiliary Scholarship Application 2022
(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 (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   ____ Physician (currently accepted to
____ Practical Nurse   medical school)
____ Dental Hygienist   ____ Physical & Occupational Therapist
____ Medical Technologist   ____ Radiology Technician
____ Pharmacy   ____ 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.

_____

_____

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