To apply for this scholarship, the student must submit:

- General VSTONE Scholarship Application (included here),
- Two references, one from a faculty member of their current veterinary school, internship or residency program and one from a New England veterinarian in private practice (forms included here),
- Official Transcripts from all completed veterinary school semesters and proof of acceptance into an accredited or recognized equine veterinary program residency or proof of good standing in internship/residency program if appropriate.
- Essay, “How I will impact the quality of equine veterinary medicine in New England.” Essays should be typed and 500-1000 words.

Completed applications, with transcripts, references, and essay, should be mailed to:

Veterinary Scholarship Trust of New England
P.O. Box 3221,
North Attleboro, MA 02761

They must be received by December 1 of the year prior to that in which scholarship funds are being requested (i.e., deadline is December 1, 2017, for 2018 scholarship awards).
Date: ____________

**Applicant**

Full Name: ____________________________________________________________

Date of Birth: ___________________ Place of Birth: ___________________

Social Security #: _______ - _______ - _______ Email: _______________________

Please include a second e-mail address if primary one will not be valid after graduation

Email: _______________________

**Phone Numbers**

Cell ____________ Permanent ____________ Present Home__________

**Address**

Present: _____________________________________________________________

City ___________________ State _________ Zip _____________

Permanent (if different): _____________________________________________

City ___________________ State _________ Zip _____________

Years at Permanent Address: ____________

New England State of Residence: _____________________________________
Education

Veterinary Equine Internship or Residency Program: _____________________________

Years completed: _______________ Month/Year of expected graduation: ____________

Veterinary College: _____________________________

Years completed: ___________ Month/Year of graduation: _______

Undergraduate: _____________________________ Year graduated: ______

City _____________________________ State ___________ Zip _____________

High School: _____________________________ Year graduated: ______

City _____________________________ State ___________ Zip _____________

If you did not graduate from a New England high school, please attach a list of your home (legal residence) addresses for the five years preceding matriculation into veterinary school; only students with five years residence apart from college will be considered.

The information on this application is correct to the best of my knowledge.

________________________________________   ________________________
Applicant Signature                        Date

________________________________________   ________________________
Notary Public                               Date
Reference Form

Each Four Legs or Two Scholarship applicant needs to submit two reference forms. One form must be completed by a faculty member at the student's current veterinary school, internship or residency program. The second must be completed by a veterinarian currently in private practice or industry in New England. Four Legs or Two Scholarship recipients are chosen by merit. The student's academic performance and demonstration of a strong desire to improve the quality of equine veterinary medicine in New England will be considered.

Applicant: ________________________________ Resident of NE State: _________

Veterinary School/Program: ___________________________
Anticipated graduation in: 20 _______

☐ Faculty of Veterinary School Internship or Residency Program
☐ Private Practice or Industry

Name: ________________________________ Title: _________________

Email: ________________________________ Phone: _________________

Work Address: _____________________________________________

City ____________________________ State ____________ Zip ____________

Please answer the following questions, continuing on the back if necessary.

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. How will this student's strengths benefit equine veterinary medicine in New England?
Reference Form

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Applicant: ___________________________ Resident of NE State: _________

Veterinary School/Program: ___________________________
Anticipated graduation in: 20 _______

☐ Faculty of Veterinary School, Internship or Residency Program
☐ Private Practice or Industry

Name: ___________________________ Title: ___________________________

Email: ___________________________ Phone: ___________________________

Work Address: ____________________________________________________

City ___________________________ State _________ Zip _______________

Please answer the following questions, continuing on the back if necessary.

4. How long have you known the applicant?
Veterinary Scholarship Trust of New England
Four Legs or Two Scholarship Application

5. In what capacity have you known the applicant?

6. How will this student’s strengths benefit equine veterinary medicine in New England?

_________________________________________  _____________________________
Signature                                  Date