



VSTONE

Veterinary Scholarship Trust of New England (VSTONE)

Mosher Scholarship Application

DATE: _____

APPLICANT INFORMATION

FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

EMAIL ADDRESS: _____

PLEASE INCLUDE A SECOND EMAIL ADDRESS BELOW IF PRIMARY ONE WILL NOT BE VALID AFTER GRADUATION:

SECOND EMAIL ADDRESS: _____

PHONE NUMBERS

CELL: _____ PERMANENT: _____ PRESENT HOME: _____

ADDRESSES

PRESENT: _____

CITY: _____ STATE: _____ ZIP: _____

LEGAL RESIDENCE (*if different*): _____

CITY: _____ STATE: _____ ZIP: _____

YEARS AT LEGAL ADDRESS: _____



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EDUCATION

VETERINARY PATHOLOGY PROGRAM INSTITUTE: _____

YEARS OF MATRICULATION: _____

PROGRAM DIRECTOR: _____

VETERINARY COLLEGE: _____

YEARS COMPLETED: _____ MONTH & YEAR OF GRADUATION: _____

CITY: _____ STATE: _____ ZIP: _____

UNDERGRADUATE: _____ YEAR GRADUATED: _____

CITY: _____ STATE: _____ ZIP: _____

HIGH SCHOOL: _____ YEAR GRADUATED: _____

CITY: _____ STATE: _____ ZIP: _____

Have you ever been a legal resident of a New England State? If so, please list the state(s) and dates. _____

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

APPLICANT SIGNATURE

DATE

NOTARY PUBLIC

DATE



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CONFIRMATION OF STUDENT STANDING FOR: _____

VETERINARY SCHOOL OFFICIAL:

The above-named student has been accepted to, or is currently enrolled in a program leading to eligibility for board accreditation as a veterinary pathologist or a PhD in veterinary pathology,

SIGNATURE, VETERINARY SCHOOL OFFICIAL TITLE

SCHOOL DATE

REFERENCE FOR: _____

_____ I AM A VETERINARIAN IN PRIVATE PRACTICE

_____ I AM A VETERINARY FACULTY MEMBER

_____ I AM FAMILIAR WITH THE ABOVE-NAMED VETERINARY STUDENT

The individual listed above has applied for our Mosher Scholarship. The Mosher Scholarship provides a significant monetary award to an individual enrolled in advanced studies in veterinary pathology. Please provide us with a letter in support of their application.

SIGNATURE, VETERINARIAN DATE

PRACTICE OR VETERINARY SCHOOL TITLE

CITY: _____ STATE: _____ ZIP: _____