This annual award of $8000 is to be given to a senior student in an AVMA accredited veterinary school who has been accepted into a veterinary pathology residency in North America or who is a veterinarian in a pathology residency in North America. Applicants will be subject to the same qualifications as all other Veterinary Scholarship Trust of New England (VSTONE) awards and scholarships.

Those seeking this award will be required to file the following application. The student’s academic success and demonstration of a strong desire to improve the quality of veterinary medicine in New England will be considered.

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 or residency program and one from a New England veterinarian in private practice (forms included here),
* Transcripts from all completed veterinary school semesters and proof of acceptance into an accredited veterinary pathology residency or proof of good standing in residency program if appropriate.
* Essay, “How I will impact the quality of 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 (ie, deadline is December 1, 2015, for 2016 scholarship awards). \*\*\*\*\*For 2016 awards the application deadline has been extended to February 1st, 2016. In future years the deadline will be December 1st of the preceding year.

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

Applicant: Resident of NE State:

Veterinary School/Program:

 Anticipated graduation in: 20

* **Faculty of Veterinary School 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 veterinary medicine in New England?

Signature Date

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* **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?
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3. How will this student’s strengths benefit veterinary medicine in New England?

Signature Date