Students in their 4th year of veterinary school are eligible to be VSTONE Scholars. This $5,000 scholarship is awarded based on merit. 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 veterinary school and one from a New England veterinarian (forms included here),
- Transcripts from their first, second, and third years of veterinary school, and
- 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, 2011, for 2012 scholarship awards)
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 College Attending: ________________________________

Years completed: ________ Month/Year you expect to graduate: ________

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 VSTONE Scholar applicant needs to submit two reference forms. One form must be completed by a faculty member at the student’s veterinary school. The second must be completed by a veterinarian currently in private practice or industry in New England. VSTONE Scholars 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: ________________________  Anticipate graduation in: 20 ______

☐ Faculty of Veterinary School  ☐ 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?
Reference Form

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☐ Faculty of Veterinary School  ☐ 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?

5. In what capacity have you known the applicant?

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