

**Veterinary Scholarship Trust of New England
Joel M. Woolfson Memorial Scholarship
Requirements**

- 1) Applicants must be New England residents or meet the requirements as detailed by VSTONE to certify the applicants connection to New England**
- 2) Applicants must be entering their 4th year of veterinary school or have graduated and be enrolled in an approved small animal medicine and surgery internship or a residency program with a specialty focus of either veterinary surgery or shelter medicine.**
- 3) The applicant must submit a one to two page letter detailing their interest in pursuing a professional career in either veterinary surgery or shelter medicine and illustrating what characteristics they have which would qualify them to receive this scholarship.**
- 4) The applicant must also provide a letter of recommendation from a veterinarian who has knowledge of the applicant regarding his/her level of compassion, concern for their patient's welfare and dedication to his/her chosen discipline.**

**Veterinary Scholarship Trust of New England
Joel M. Woolfson Memorial Scholarship
Application**

Date: _____

Applicant

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Email: _____

Secondary email (if primary will not be active after graduation): _____

Phone Numbers

Cell _____

Home _____

Other _____

Address

Present: _____

City State Zip _____

Permanent (if different): _____

City State Zip _____

Years at Permanent Address: _____

Education

Veterinary College Attending or attended: _____

Years completed: _____

Graduation date or expected date: _____ (month/year)

Veterinary internship or residency program (if applicable): _____

Years completed: _____

Completion date or expected date: _____ (month/year)

Veterinary School Official:

The above-named student is in good standing at this school.

Signature, Veterinary School Official Title

School

Date

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: _____

In addition to this application, the applicant must submit a one to two page letter detailing their interest in pursuing a professional career in either veterinary surgery or shelter medicine and illustrating what characteristics they have which would qualify them to receive this scholarship.

The applicant must also provide a letter of recommendation from a veterinarian who has knowledge of the applicant regarding his/her level of compassion, concern for their patient's welfare and dedication to his/her chosen discipline.

**Applications are submitted to:
Veterinary Scholarship Trust of New England**

P.O. Box 3221 North Attleboro, MA 02761

www.veterinaryscholarshiptrust.org