VSTONE

Veterinary Scholarship Trust of New England (VSTONE)

Four Legs or Two Scholarship Application

Applicants must be enrolled in a program within the USA, Canada, or USA territories. Applicants for this scholarship must be a resident or an intern at an AVMA or AAEP recognized university or clinic equine program. Veterinarians that have been accepted into a qualified program are also eligible to apply. Applicants may apply up to 4 times for this scholarship.

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: _____

PERMANENT RESIDENCE (*if different*): _____

CITY: _____ STATE: _____ ZIP: _____

YEARS AT LEGAL ADDRESS: _____ NEW ENGLAND STATE OF RESIDENCE: _____

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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 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

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REFERENCE FORM

*Each Four Legs or Two Scholarship applicant needs to submit **two** reference forms. One from a faculty member of their current veterinary school, Internship or residency program and one from a New England veterinarian in private practice.*

APPLICANT: _____ RESIDENT OF NE STATE: _____

VETERINARY SCHOOL: _____ ANTICIPATE GRADUATION IN: 20_____

_____ FACULTY OF VETERINARY SCHOOL OR _____ PRIVATE PRACTICE OR INDUSTRY

NAME: _____ TITLE: _____

EMAIL: _____ PHONE: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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?

_____

_____ _____

SIGNATURE DATE

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Please attach Official Transcripts from all completed veterinary school semesters.

1) ☐ I have attached _____ Official Transcripts from all completed Veterinary School semesters. (how many)

2) ☐ I have attached proof of acceptance into an accredited or recognized equine veterinary program residency.

or Please have this proof of good standing in an internship program filled out:

STUDENT NAME: _____

CONFIRMATION OF STUDENT STANDING FOR: _____

Veterinarian Practicing in New England:
I am familiar with the above-named veterinary student.

_____ _____
SIGNATURE, VETERINARIAN IN NEW ENGLAND TITLE

_____ _____
PRACTICE NAME DATE

3) Attach an Essay, **"How I will impact the quality of equine veterinary medicine in New England."**
(Essay should be typed and length should be between 500-1000 words.)

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

Veterinary Scholarship Trust of New England
73 Gardner Ave., South Attleboro, MA 02703

They must be received by February 1 of the year in which scholarship funds are being requested (i.e., deadline is February 1, 2026, for 2026 spring scholarship awards).