VSTONE

Veterinary Scholarship Trust of New England (VSTONE)

Joel M. Woolfson Memorial Scholarship Application

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 must illustrate what characteristics they have which would qualify them to receive this scholarship.

4) The applicant must also a 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.

APPLICANT INFORMATION

DATE: _____

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: _____ HOME: _____ OTHER: _____

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ADDRESSES

PRESENT: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS (*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 SCHOOL OFFICIAL

_____

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

_____

Name of school

_____

Date

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HISTORY

UNDERGRADUATE SCHOOL: _____

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 for this scholarship.

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 illustrate what characteristics they have which would qualify them to receive this scholarship.

The applicant must also a 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.

Please mail to: 73 Gardner Ave., South Attleboro, MA 02703