



Rutland Area Medical Community Scholarship

APPLICATION FORM

For Education In The Healthcare Field

Name:	Email:
Address:	
Telephone:	Date of Birth:
Current Educational Institution (or Employer):	Length of Employment:
Education	
High School:	
Post Secondary:	

All Applications Must Include:

- A completed and signed application form;
- 300-500 word essay articulating why you have chosen a career in healthcare and how a scholarship will impact your choice;
- Two letters of recommendation from references with the ability to comment on academic achievement, community involvement and professional development;
- Proof of acceptance into an approved healthcare program (if the applicant has not yet begun the program);
- Transcript from your current or most recent educational institution (optional)

I hereby request consideration for a scholarship award from the Rutland Area Medical Community Scholarship. I understand that any monies received are to be used to help to pay for my education and that I must be a student in a healthcare field. I have acknowledged that I have read the application guidelines.

Signed _____

Completed Application And Supporting Documents To Be Returned By March 15, 2019 To:

Rutland Area Medical Community Scholarship Selection Committee c/o Medical Staff Office
Rutland Regional Medical Center
160 Allen Street
Rutland, VT 05701

or Email To: medscholar@rrmc.org

Application Deadline: March 15, 2019