# APPLICATION FORM

**For Education In The Healthcare Field**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Current Educational Institution (or Employer):</td>
<td>Length of Employment:</td>
</tr>
</tbody>
</table>

## 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, 2020 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, 2020 |