

**Application Guidelines  
2026 CVMC Health Care Scholarship**

Central Vermont Medical Center is pleased to offer the one-time CVMC Health Care Scholarship program in 2026 to eligible students and adult learners **entering a medical field. Please carefully read the information below before applying.**

**Who is eligible:**

- High school seniors entering a medical field of study with current minimum GPA of 3.0 and attending one of the below schools:

Cabot High School	Spaulding High School
Central Vermont Career Center	Twinfield Union High School
Harwood Union High School	U-32 High School
Montpelier High School	Williamstown High School
Northfield High School	
- Enrolled college students who change their major to a qualified medical field or are presently in a qualified medical field.
- Employees of Central Vermont Medical Center who are furthering their education in a qualified medical field from an accredited program.
- Adult learners furthering education in a qualified medical field and living within CVMC's service area:

Barre City/Barre Town	Marshfield	Waitsfield
Berlin	Montpelier/Roxbury	Warren
Cabot	Middlesex	Washington
Calais	Northfield	Waterbury
Duxbury	Orange (town of)	Williamstown
East Montpelier	Plainfield	Woodbury
Fayston		Worcester
- Eligible applicants must be **accepted by an accredited school into a degree program in a medical field at the time of application** including but not limited to: Nursing, Practical Nursing (LPN), Registered Nurse (RN) Radiology, Athletic Training, Dental Hygiene, Physical and Occupational Therapy, Health Science, Pharmacy, Physician (currently accepted to medical school), Other.

**\*Please note that Psychology and Exercise Science are not qualified medical programs. Majors in these fields will not be considered.\***

**Application Procedure:**

Please complete the attached application and **include the following supporting materials** with your application.

- a. A PDF copy of your college **acceptance letter** (must state your acceptance into the specific medical field of study) from the accredited college or school you are attending.
- b. A PDF copy of the **financial aid plan** offered to you by the school or college you are attending. Documentation must include the **total cost** of your education for the semester/year and your total financial aid awarded.
- c. A list of **other scholarships** received to date.
- d. **Transcript** of record (high school or college currently attending).
- e. **Letter of recommendation** from a teacher, guidance counselor, employer, or professional colleague.
- f. Standardized **test scores** are optional for high school students.

**Please send completed application to contact below emailed or postmarked no later than May 2, 2026.  
Notification of results will be made 4-6 weeks after the deadline.**

**Completed applications in PDF form and all supporting materials may be submitted by email no later than May 2, 2026 to: [Kate.Arslambakova@cvmc.org](mailto:Kate.Arslambakova@cvmc.org)**

**OR**

**Completed applications with all supporting materials should be postmarked no later than May 2, 2026 and mailed to:**

CVMC Health Care Scholarship Program  
Attn: Kate Arslambakova  
Central Vermont Medical Center  
P.O. Box 547  
Barre, VT 05641

Questions? Please contact Kate Arslambakova at the above email or 802-371-4464.

**\*\*Incomplete applications, applications submitted without all the required documents, and applications received past the deadline date, will not receive consideration.\*\***

## CVMC Auxiliary Scholarship Application 2026

(Adult learners please skip questions 7-9)

**1. Name:**

*Last*      *First*      *Middle*

**DOB:****2. Home Address:**

*Street*      *Town/City*      *State/Zip*

**3. Phone Numbers:**

*Primary*      *Alternate*

**4. Email Address:**

**5. Name/address of the college or school to which you have been accepted and committed to attend:**

**6. Name of medical study/program you plan to major in:**

**7. High School attended with dates and year of graduation:**

Name of Guidance Counselor:

**8. Parent/Guardian name and contact information:**

**9. Including yourself, how many people live in your household?**

**10. Please list the school and/or community activities in which you have participated (or attach resume).**

**11. List below all current and past employment (or attach resume):**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

**12. Have you received, or do you anticipate receiving any scholarships, grants or loans to assist you in acquiring your education? If yes, please explain or attach separately.**

13. Below, or on a separate sheet, in two paragraphs or less, **please tell us about yourself**, including your school activities, the community service projects in which you have participated, and how you hope to contribute to the medical field in the future.

**\*\*Attach all requested information as described on the application instructions.**

**I certify that all the information on this application is accurate and true.**

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Signature of Applicant

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DATE