The Vermont Medical Society’s Education and Research Foundation (VMSERF) is now accepting applications for the Mildred Reardon scholarship, in the amount of $10,000 to a University of Vermont College of Medicine current third year student. This tuition-linked scholarship award will be made to a student interested in any specialty. The VMSERF offers this scholarship on an annual basis to a third year UVM COM student. This year the award will be made on November 7, 2015 at the Vermont Medical Society annual meeting at the Topnotch Resort, Stowe, VT.

The VMSERF is a non-profit charitable organization started by the VMS to support educational and research activities in the field of health. One of its primary functions is to provide grants and scholarships to deserving medical students enrolled at the University of Vermont College of Medicine. VMSERF has been funded by generous contributions from Fletcher Allen Healthcare, members of the Vermont Medical Society, the Chittenden County Medical Society and the settlement of a class action lawsuit.

If you are selected as the recipient of the VMSERF scholarship, you will be committing to practicing medicine in Vermont on completion of your residency/fellowship training. It is our hope and intention to recruit medical students to practice medicine in Vermont, especially its less served areas, to ensure Vermonter in all parts of the state, continue to have access to excellent medical care. Although there is no penalty if you do not practice in Vermont, fulfilling your commitment is vital to the success of the Vermont Medical Society Education and Research Foundation and our vision of realizing an adequate physician network in Vermont.

Applicants must have a current FAFSA on file. To apply, please submit to Colleen Magne, Business Manager of the Vermont Medical Society (e-mail is acceptable) your CV, a one-page essay describing your commitment to practice medicine in Vermont and to care for Vermonters and the signed commitment form. The Scholarship Selection committee requests that your essay reflect your main specialty interests at this point in time (understanding that this may change), and, any geographic preference in Vermont that you may have at this point in time, also understanding that this may change. Colleen’s e-mail address is cmagne@vtmd.org. Your CV, a one page essay and the signed commitment must be received by July 24, 2015 for consideration. Any student in the Class of 2017 may apply regardless of state of residence or of being a recipient of other scholarships, including the Freeman Scholarship. You should not apply if you have a military obligation, if you are a NHSC scholar, if you are enrolled as MD/PhD or, you are not accumulating educational debt.

If you have questions, please contact Colleen Magne, Business Manager, Vermont Medical Society 1-800-640-VSMS.
VERMONT MEDICAL SOCIETY EDUCATION AND RESEARCH FOUNDATION

COMMITMENT FOR AWARD

The purpose of this signed commitment statement is to recognize that the intent of the Vermont Medical Society Education and Research Foundation Scholarship is to support students with the intent to practice medicine in Vermont, especially in less served areas; to ensure Vermonters in all parts of the state continue to have access to excellent medical care.

My acceptance of the Vermont Medical Society Education and Research Foundation Scholarship indicates my intention to practice medicine in Vermont at the completion of residency/fellowship training. It is my understanding that the University of Vermont College of Medicine has the responsibility to keep me informed of the specialty and geographic areas of need in Vermont during my residency and will assist me in the recruitment process, and may share information about me with recruiting practices.

The Vermont Medical Society Education and Research Foundation Awards Committee may have access to information from UVM Financial Aid for evaluating me for this scholarship.

Signature ____________________________

Printed Name ____________________________

S.S.# ____________________________

Date ____________________________