

University of Vermont Children's Hospital Visiting Students Elective Scholarship Program (VSESP) Application

Applicant Information

Full Name _____ Pronouns _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

City State ZIP Code

Phone _____ Email _____

Medical School _____

Anticipated Graduation Year _____

Race/Ethnicity

Please check all that apply.

African American/Black

Native Hawaiian

Mainland Puerto Rican

LatinX/Hispanic

Filipino

Not listed, please specify

Native American

Hmong

Prefer not to answer

Pacific Islander

Vietnamese

Rotation Preference- Check One

NICU

Primary Care/Pulmonary

Interests (for Mentor Matching)

Interests within Pediatrics:

Outside Interests:

University of Vermont Children's Hospital Visiting Students Elective Scholarship Program (VSESP) Application

Supplementary Application Items Checklist

In addition to completing the above form, please submit the following items:

- A brief statement of interest, including how the goals of the VSESP Program align with your own goals what you hope to gain from the rotation (400-word limit)
- A letter of good standing from your home institution's Office of Student Affairs or equivalent
- Your CV or resume

Application deadline is July 1, 2022

Documents should be submitted via email to VSESPeds@med.uvm.edu before July 1, 2022.

Students will be notified of acceptance by August 1, 2022