

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

## Applicant Information

Full Name \_\_\_\_\_ Pronouns(optional) \_\_\_\_\_  
*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

Asian

American Indian/Alaska Native

White

Hispanic/Latino/a/e

Prefer not to answer

Native Hawaiian/Pacific Islander

Not listed, please specify

## Gender

*Please check all that apply.*

Male

Non-binary

Not stated (please specify)

Female

Transgender

Prefer not to answer

## Rotation Preference- select one

NICU

Pulmonary

Primary Care

## Interests (for Mentor Matching)

*Interests within Pediatrics:*

*Outside Interests:*

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## 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 and 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

## Applications will be reviewed on a rolling basis

Documents should be submitted via email to [VSESPeds@med.uvm.edu](mailto:VSESPeds@med.uvm.edu). Applicants will be notified within 3 weeks after full application is received.