

Considering a career in medicine or healthcare? It's a major decision that can influence the next four to twelve years of your life. The MMCF 'Summer Internship' program may be just what you are looking for.

Manchester Medical Center Foundation's 2023 YOUTH INTERNSHIP scholarship program invites ambitious High School & College Students in Vermont to join us for the spring and summer healthcare internship program at Manchester Medical Center exploring healthcare and medical related careers.

Students will be exposed to a fast-paced, hard-working medical center in the heart of Southern Vermont. The internship will dive deep into both general and specific subject areas of medical practice. Interns will be working with creative, dynamic emergency medical doctors, paramedics and medical assistants among other engaging professional experts experiencing all aspects of healthcare.

The Spring/Summer program combines hands-on learning, fun excursions, career shadowing and instruction from experienced faculty or experts in the medical field.

The following areas will be part of the summer internship experience:

- Emergency Medicine
- Pre-Medicine
- Biotechnology
- Paramedic/Medic Training
- Lab Technician

MMCF Youth Internship Scholarship Application 2023

To Applicants and Parents:

The information asked for below is designed to give the Manchester Medical Center Foundation's Youth Internship Program an idea of your background, your interests, and your plans to further your education. While many applicants will be in high school or attending college, we have also supported graduate students and students attending trade schools and professional schools. Your answers to these questions will be used only to determine your eligibility for a scholarship and will be available only to the members of the board who must evaluate your application. If you have questions about this form or the application process, please contact Abigail Martin at 202.321.2589 or abigail@mmcfvt.org

Enter all appropriate data on this form. Applications are due by April 15. Please note that we have to make decisions about awards in a timely fashion and cannot accept late applications. *Required



Name (First)* Name (Middle)* Name (Last)* E-Mail Address* Date of Birth*			
Home Address (Number and Street)* Home Address (Town, State, & Zip)* Mobile Phone			
Current and Previous education: Name and Location of School, Dates Attended, Diploma or Degree, if any.			
If you have won any academic, athletic or other awards, please list them here.			
List your hobbies, extracurricular interests, and community or service activities.*			
If you are attending high school, what year will you be entering in the fall?* Junior Senior			
Where will you be attending college next year?* College Address (Number & Street)* College Address (Town, State, and Zip)*			
If you are attending college, what year in college will you be entering in the fall?* Freshman Sophomore Junior Senior			
Please estimate expenses you and your parents will be responsible for in the 2022-2023 academic year.*			
If you have asked for assistance from other organizations, list below all aid for which you have applied. Please include 1) The type of aid for which you have applied (Grant, Loan, Job, etc.) 2) The amount you have requested 3) Whether you have received a decision on your request.*			



Manchester Medical Center Foundation PO Box 2774 Manchester Center, Vermont 05255

Use the space below to write a statement a understanding what your qualifications at open-ended question, but we would like to g scholarship is important to you. You may in and the reasons you chose the college or other	re for an internship and scholarsh get an idea of who you are and why ar nclude what you hope to study in colle	ip. This is an internship and
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Please sign and date below to indicate you have	read this statement and agree to it.	
"I understand that my internship and scholars awarded. Further, I agree to inform the MMCF at the college or other institution I enter in the fo	F Board if my status changes and I am n	
Applicant Name		
Applicant Signature		
Date		