

VI Equicare Inc. and VI Equicare Foundation Inc.

VI Equicare, Inc. (VIE) was established in 1997 and is the largest independent provider organization in the USVI. VIE's membership includes most of the primary care and specialty physicians as well as ancillary facilities and allied healthcare practitioners practicing the USVI.

VIE is the single contracting authority for a wide range of medical and wellness initiatives for insurance carriers, employers, third party administrations and the cruise line industry. VIE performs numerous services and organization functions including credentialing, education and information, quality assurance, and communication.

VI Equicare, Inc. is committed to quality and strives to improve the healthcare industry in the USVI. Healthcare practitioners who apply to become members of VIE are credentialed and re-credentialed according to the strict national guidelines of the National Committee on Quality Assurance (NCQA). VI Equicare, Inc. has provided experience and stability in healthcare management in the US Virgin Islands for the past 27 years.

VI Equicare Foundation Inc. is a non-profit organization whose mission is to promote healthcare and healthcare education in the US Virgin Islands.

Scholarship Criteria

VI Equicare Foundation awards three \$2,000 scholarships to three US Virgin Islanders that are currently pursuing a degree in healthcare. The applicants may either already be enrolled in an accredited college or medical school, or be may graduating from high school this year and accepted to an accredited healthcare program. *

Criteria

- Graduate of a USVI high school OR enrolled in the University of the Virgin Islands
- Have a minimum grade point average of 3.0
- Be accepted to or enrolled in an accredited medical school or university. Acceptable fields of study are contained in the drop-down Specialty List found at <https://viequicare.com/find-healthcare-provider/>

Application Process

The following must be submitted by the application deadline:

- 500-word essay on the applicant's ***vision to improve healthcare in the US Virgin Islands and how the applicant will play a role in improving healthcare in the USVI***
- Curriculum vitae – one page maximum including list of all prior scholarships and extra-curricular activities
- An official copy of applicant's high school or college/medical school transcript
- Completed application form
- Copy of government-issued photo ID

Deadline

All completed applications should be postmarked no later than April, 30, 2026 and mailed to

VI Equicare, Inc.
9150 Estate Thomas
Suite 211
St. Thomas, VI 00802

Or email application package to VIEquicare@VIEquicare.com no later than April 30, 2026.

Applications may be downloaded at <https://viequicare.com/vi-equicare-foundation-inc> or contact VI Equicare, Inc. 340.774.5779 to request an application.

**Applications from immediate family members of VI Equicare Inc. Board of Directors will not be accepted.*

VI Equicare Foundation Inc. Scholarship Application

All fields require a valid entry

Personal Information

Full Name	
Physical Address	
Mailing Address	
Cellphone	Email
Date of Birth ___/___/_____	Place of Birth

EDUCATION

College/University/Medical School Information

Name of College/University/Medical School

Mailing Address

Date applied for admission or date enrolled

Have you been accepted? ___ Yes ___ No

Expected Graduation date ___/___/_____

Student ID#

High School(s) attended to date:

Name	Address	Year(s) Attended	Diploma

How did you hear about this scholarship?

Certification

Applicant's Statement:

If I am awarded the VI Equicare Inc. Scholarship, I certify that:

- A. I will use the proceeds of the aid only for the payment of tuition and required fees, room and meals, and expenses for educational equipment, materials, and books.
- B. I hereby confirm that the information submitted herewith is true and correct, and I fully understand my obligations attached to the awarding of this scholarship.
- C. I shall be a full-time student at _____

Signature _____ Date _____

**Statement of Parent or
Guardian (for applicants
under 21 years of age)**

I/We _____ have read the above application
in full and hereby state that with our knowledge, _____ (Applicant) is
applying for a scholarship in the amount of \$2,000 to pursue their higher education.

Signature of Parents (Guardian)

_____ Date _____

_____ Date _____