



Application for Hawthorn Medical Associates Scholarship

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Do you have a relative who works at Hawthorn Medical? Yes No

Relative's Name: _____ Relationship: _____

HIGH SCHOOL currently attending: _____

Name of Guidance Counselor: _____

SCHOOL/COLLEGE you will attend in the fall of 2025: _____

City: _____ State: _____

Major or area of study: _____

Are you eligible for free or reduced tuition at this school? Yes No

EXTRACURRICULAR ACTIVITIES

List any activities that you have participated in during high school. This may include community service, clubs, sports, etc. **No cover letter, resume or attachments please - select the most relevant activities and list here.**

EMPLOYMENT HISTORY

List any employment during the past two years.

Employer: _____

Type of Job: _____ Dates of Employment: from _____ to _____

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Type of Job: _____ Dates of Employment: from _____ to _____

The above statements are true to the best of my knowledge. I understand all materials are confidential, remain the property of Hawthorn Medical Associates, LLC and cannot be returned. I understand that if I do not complete the application process or if my application is received after April 18, 2024, I am not eligible for consideration. I also understand that if I am awarded a scholarship but make a substantial change to my choice of school or major, my scholarship may be rescinded.

Signature: _____ Date: _____