



Hawthorn Medical Associates

An Affiliate of STEWARD HEALTH CARE NETWORK

Scholarship Program Eligibility and Requirements

To encourage academic preparation in the field of health care, Hawthorn Medical Associates is offering a scholarship of \$3,000 for public school seniors who will pursue education in the human health care field.

Students from the following schools are eligible:

- Apponequet Regional High School
- Fairhaven High School
- Dartmouth High School
- Greater New Bedford Regional Vocational Technical High School
- New Bedford High School
- Old Colony Regional Vocational Technical High School - *The William Holliday III, MD, Memorial Scholarship*
- Old Rochester Regional High School
- Westport High School

Student must be:

- A high school senior, graduating in 2018;
- A resident of Acushnet, Dartmouth, Fairhaven, Freetown, Lakeville, Mattapoisett, Marion, New Bedford, Rochester or Westport;
- Pursuing further education full-time from any accredited program during the 2018 – 2019 academic year;
- Pursuing one of the following majors or areas of study: nursing; pre-med; radiological technology; laboratory sciences; occupational therapy; pharmacy; physical therapy; respiratory therapy; certified medical assistant; or other health related field.

Applicant must submit:

- Signed, completed application form;
- Official transcript from high school currently attending including senior grades to date and class rank
- A short essay (no more than one-page) describing:
 - reason for pursuing the particular area of study/career plans
 - academic accomplishments
 - employment or volunteer activities related to your chosen area of study
 - financial issues that could be an obstacle to pursuing study
- Two reference letters from non-family members (*one must be an academic reference*)
- Proof of acceptance into an accredited education program

Scholarship awards will be sent to the college/university after enrollment has been verified. Applications must be received at Hawthorn Medical no later than April 6, 2018.

Submissions should be mailed to:

Marketing Department
Hawthorn Medical Associates
535 Faunce Corner Road
No. Dartmouth, MA 02747

Questions should be directed to Kathleen Murray ~ 508--996-3991



Hawthorn Medical Associates

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Application for Hawthorn Medical Associates Scholarship

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

HIGH SCHOOL currently attending: _____

Name of Guidance Counselor: _____

SCHOOL/COLLEGE you plan to attend in the fall of 2018: _____

City: _____ State: _____

Intended major or area of study: _____

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 6, 2018, I am not eligible for consideration.

Signature: _____ Date: _____