Hawthorn Medical Associates

Application for Hawthorn Medical Associates Scholarship

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Do your 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 2026: _____

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.***

_____

_____

_____

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_____

_____

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 17, 2026, 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that if I am awarded a scholarship but make a substantial change to my choice of school or major, my scholarship may be rescinded.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: _____