Hawthorn Medical Associates

An Affiliate of STEWARD HEALTH CARE NETWORK

# Application for Hawthorn Medical Associates Scholarship

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Does your parent/legal guardian work at Hawthorn Medical Associates? ❒ Yes ❒ No

HIGH SCHOOL currently attending: _____

Name of Guidance Counselor: _____

SCHOOL/COLLEGE you plan to attend in the fall of 2022: _____

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.***

_____

_____

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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 1, 2022, I am not eligible for consideration.*

Signature: _____ Date: _____