

Application for Hawthorn Medical Associates Scholarship

Name:			
Address:			
City/Town:	State:	Zip: _	
Telephone:	Email:		
Do your have a relative who works at Hawti	horn Medical ? 🗖 Yes 🗖 No 🛮 Relative	's Name:	
HIGH SCHOOL currently attending:			
	6.W. 6.222.		
SCHOOL/COLLEGE you plan to attend in the			
City:			
Intended major or area of study:			
EXTRACURRICULAR ACTIVITIES List any activities that you have participated resume or attachments please - select the management of the please - select the please - se		community service, clubs	, sports, etc. No cover letter,
_			
EMPLOYMENT HISTORY			
List any employment during the past two	o years.		
Employer:			
Type of Job:	Dates of Employment:	from —————	_ to
Employer:			
Type of Job:	Dates of Employment:	from	to
The above statements are true to the best of my knowledge. I understand that if I do not complete the application proce	. I understand all materials are confidential, remain the p	roperty of Hawthorn Medical Assoc	
Signature:		Date:	