

Application for Hawthorn Medical Associates Scholarship

Name:			
Address:			
City/Town:	State:	Zip:	
Telephone:	Email:		
HIGH SCHOOL currently attending:			
SCHOOL/COLLEGE you plan to attend in the fall of 2			
City:			
Intended major or area of study:			
EXTRACURRICULAR ACTIVITIES			
List any activities that you have participated in during resume or attachments please - select the most relevant		community service, club	s, sports, etc. No cover letter,
resulting of accountrations prease select the most rele-	dire delivines dire ilse ilse e		
EMPLOYMENT HISTORY			
List any employment during the past two years.			
Employer:			
Type of Job:	Dates of Employment:	rom	to
Employer:			
Type of Job:			to
The above statements are true to the best of my knowledge. I understand I understand that if I do not complete the application process or if my appl	·		nuces, EEC and Cannot De returned.
Signature:		Date:	