

Scholarship Program Eligibility and Requirements - 2023

To encourage academic preparation in the field of health care, Hawthorn Medical Associates is offering 13 scholarships of \$2,000 each for high school seniors who will pursue education in the human health care field. Students from the following schools are encouraged to submit an application:

- Apponequet Regional High School
- Bishop Stang High School
- Dartmouth High School
- Fairhaven High School
- Global Learning Charter School
- Greater New Bedford Regional Vocational Technical High School
- Nazarene Christian Academy
- 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 2023;
- Pursuing further education full-time from any accredited program during the 2023 – 2024 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 human 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 7, 2023.

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--961-2571



Application for Hawthorn Medical Associates Scholarship

Name:		
Address:		
City/Town:	State:	Zip:
Telephone:	Email:	
Does your parent/legal guardian work at Hav	vthorn Medical Associates? □ Yes	i □ No
нібн SCHOOL currently attending:		
Name of Guidance Counselor:		
SCHOOL/COLLEGE you plan to attend in the fall	of 2023:	
City:	State:	
ntended major or area of study:		
EXTRACURRICULAR ACTIVITIES		
List any activities that you have participated in du resume or attachments please - select the most i	- -	nity service, clubs, sports, etc: No cover letter,
,		
		, ``.
<u> </u>		
EMPLOYMENT HISTORY		
List any employment during the past two yea		
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 under I understand that if I do not complete the application process or if m		
Signature:		Date: