



Auburn Primary Care and Aesthetics Health Sciences Scholarship

Scholarship Amount: \$1000

Deadline: April 15, 2025

Eligibility Requirements:

- Applicants must attend an accredited secondary high school located in Worcester County and have a GPA of 3.5 or greater.
- Applicants must plan to attend an accredited four year college or university by the following fall with an intended Health Sciences major (examples include nursing, medicine, pharmacy, physical therapy etc.).

Instructions:

Please print clearly. Turn in completed application, with all applicable supporting documents and references to:

Auburn Primary Care and Aesthetics LLC
Attn: Scholarship Committee
489 Washington St Ste 202
Auburn MA 01501

With your completed application please submit:

1. Two letters of reference from non-relatives. One letter must be from an educator.
2. A copy of your FAFSA application.
3. A copy of your unofficial high school transcript.
4. An essay describing why you chose healthcare as a career path and what your future long-term goals are within your intended profession. Please include a little background about yourself so the committee may get to know you. Please limit the essay to no more than two pages.

If this application is incomplete, inaccurate, or not signed, it will not be considered.

Any questions should be directed to officemanager@auburnprimary.com

**Personal Information:**

First Name _____ M.I. _____ Last Name _____
Date of Birth (MM/DD/YYYY) ____/____/____ ☐ Male / ☐ Female
E-mail _____
Phone _____
Home Address _____
City _____ Zip Code _____

School Information:

Please provide information about the High School you attended.

Name of High School Attended _____
Date of graduation (MM/DD/YYYY) ____/____/____
Street Address _____
City _____ Zip Code _____
Phone _____

Please provide the name(s) of the Colleges/Universities you applied to:

Name of University/College: _____
Name of University/College: _____
Name of University/College: _____

Educational Information:

GPA: _____ SAT: _____ ACT Score: _____

Extra Curricular Activities/Volunteering/Clubs:

1. _____
2. _____
3. _____
4. _____

I certify that I am a legal resident of the Commonwealth of Massachusetts, reside in Worcester County and that all information on this form is true and complete to the best of my knowledge. If required, I agree to give proof of the information I have given on this application and supporting materials. In signing this application form, I hereby authorize the college or university program I will attend in the 2024-25 academic year to receive the scholarship award, if made, in my name and apply it to my account.

Student Signature: _____ **Date:** _____