

2024 SCHOLARSHIP AWARDS

Hazel Hawkins Hospital Foundation Scholarships have been awarded in the range of \$500-\$2,000. The exact amount will be determined each year and will be dependent on the annual earnings from designated Foundation Scholarship endowment funds and donations.

QUALIFICATIONS

- 1. Applicant must be a high school graduate, or a graduating senior and have been a resident of San Benito County. If you reside out of county, but have been an employee or volunteer for the San Benito Health Care District for a minimum of one continuous year previous to the application date, you qualify to apply.
- 2. Applicant must be seeking education in an accredited institution that would lead to employment in a healthcare field.
- 3. Applicant must show proof of registration or acceptance by June 1st in an accredited school. Scholarship money will be withheld until such acceptance is shown.
- 4. Applicant must provide the most recent transcripts from the school they have been attending.
- 5. Applicant must provide three references (see Instructions for Submitting Application).

SELECTION CRITERIA

- Financial need
- School standing (grades, ranking)
- Community service
- Motivation to return to the community to work
- Volunteer work at Hazel Hawkins Hospital (number of hours)
- Commitment to the medical profession
- Specific health field (with academics aligned to career goals)

DEADLINE

The completed application, including all 3 letters of reference, must be returned on or before **April 1, 2024**. If mailed, POSTMARK must be on or before **April 1, 2024**.

SELECTION

Final selection will be made in May of 2024.



Instructions for Submitting Application Packet

Deadline: April 1, 2024

To assist the applicant, a check box is provided to assure all forms are complete, correct, and submitted on time. A late or incomplete application will not be considered.

☐ Form #1	Application: Fill out completely
☐ Form #2	Personal Statement: Include present status, goals, needs, etc.
□ Form #3	Colleges/Universities/technical programs: List colleges/universities to which you have applied. List colleges/universities to which you have been accepted. Attach copy of acceptance letters. State planned major and career objectives.
□ Form #4	Three (3) CURRENT references: One must be from an instructor, teacher or counselor; the other two are from adults who are not related to the applicant. Fill out the form, and give it to the person writing the reference. The completed form and reference letter must be received by the Scholarship Committee before April 31, 2024. If mailed, postmark must be on or before April 1, 2024.
	Transcripts: The application packet must include a complete transcript of record from the school the applicant most recently attended.
NOTE:	The Scholarship Application can also be filled out online at: https://www.hazelhawkins.com/foundation/scholarships/



Form #1: Scholarship Application – 2024

Name					
Last	First		Mi	ddle	
Mailing Address					
Street	City		State		Zip
Telephone ()	Email				
High school/college presently attending	g:				
High school/college/tech program antic	cipated graduation date:				
What healthcare/medical career are you	u preparing for?				
How much of your schooling will you	be able to finance?		(%)		
If you know of any other funding source please list them here (eg, other scholar	• 0				
Are you or a family member employed	at Hazel Hawkins Hospital?		Yes		No
If yes, list name, relationship and posit	ion for each individual:				
Have you worked as a volunteer at Haz	zel Hawkins Hospital?		Yes		No
If yes, when and how long:					
Have you previously applied for HHH If yes, did you receive a scholarship fro	*		Yes Yes		No No
Are you or have you been a resident of		_	Yes		No
I hereby affirm that this application is tr	rue and correct to the best of m	y kn	owledge.		
Applicant's Signature			Date		



Form #2: Personal Statement

(Use additional pages if necessary)			
Applicant Name:			



Form #3: Colleges/Universities

Applicant Name:		
ist colleges/universities to which you have a	polied:	
ast conege, am versiones to thinem you have a	ppned.	
College Name	City	State
Attach Acceptance Letters for Each		
Vhat is your planned major?		
What is your planned major?		
What is your planned major?		
What is your planned major? What are your career objectives?		



Form #4: References

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Hazel Hawkins Hospital Foundation Attn: Scholarship Committee 911 Sunset Drive Hollister, CA 95023 lsparling@hazelhawkins.com

Please mail your reference letter and this form to:



Form #4: References

To:
Applicant to enter reference's name
Please be advised that
Applicant to enter name
is preparing for a career in
Applicant to enter field of study
and is applying to the Hazel Hawkins Hospital Foundation Scholarship Committee for a scholarship. This scholarship is available for training and education in health care careers such as physician, nurse, (CNA, LVN, MA) Physician's Assistant, Nurse Practitioner, radiological technician, laboratory technician, surgical technician, physical therapist, or occupational therapist
Your name has been submitted as a reference for the above candidate. On a separate sheet of paper, please comment on the applicant's academic performance, community service, integrity personality, character, and any other trait that would be of value in judging the eligibility of this person for a scholarship. Your candid opinion of the applicant's suitability for the career chosen would be appreciated and will be kept in strict confidence.
Γhank You,
Scholarship Committee Hazel Hawkins Hospital Foundation
It is important that your reference letter (and this form) be returned as soon as possible. It we do not receive this completed form <u>postmarked by April 1, 2024</u> , the applicant will not be eligible for consideration.
Please mail your reference letter and this form to:

Hazel Hawkins Hospital Foundation Attn: Scholarship Committee 911 Sunset Drive Hollister, CA 95023 lsparling@hazelhawkins.com



Form #4: References

To:		
Applicant to enter i	reference's name	
Please be advised that		
	Applicant to enter name	_
is preparing for a career in		
_	Applicant to enter field of study	_
scholarship. This scholarship physician, nurse, (CAN, LVN technician, laboratory technician) Your name has been submitted paper, please comment on the personality, character, and any	is available for training and ed N, MA) Physician's Assistant, ian, surgical technician, physical ed as a reference for the above applicant's academic performy other trait that would be of var candid opinion of the applicant	ation Scholarship Committee for a sucation in health care careers such as or Nurse Practitioner, radiological al therapist, or occupational therapist. The candidate. On a separate sheet of nance, community service, integrity, alue in judging the eligibility of this ant's suitability for the career chosen
Thank You,		
Scholarship Committee Hazel Hawkins Hospital Foun	dation	
	*	be returned as soon as possible. If ril 1, 2024, the applicant will not be

Please mail your reference letter and this form to:

Hazel Hawkins Hospital Foundation Attn: Scholarship Committee 911 Sunset Drive Hollister, CA 95023 lsparling@hazelhawkins.com