

**APPLICATION FOR THE
HAZEL HAWKINS MEMORIAL
HOSPITALS AUXILIARY
2010 SCHOLARSHIP**

Application Deadline...Friday, April 16, 2010

**Note: The Hazel Hawkins Memorial Hospital Foundation
also awards scholarships, separate from the
Auxiliary.**

HAZEL HAWKINS MEMORIAL HOSPITALS
AUXILIARY SCHOLARSHIP - 2010

This scholarship is available for training and education in preparing for the health-related fields, such as: Dental Assistant, Dental Hygienist, Dietitian, Emergency Medical Technician, Laboratory Technologist, Medical Assistant, Medical Social Worker, Nurse, Nurse Practitioner, Occupational Therapist, Physician, Physician's Assistant, Physiotherapist, Radiological Technologist, or Speech Therapist. The total amount for this scholarship is \$30,000.00; however, the amount awarded to each recipient will be at the discretion of the Scholarship Committee, with a maximum of \$2,000.00/per award. Scholarship money will be awarded with half the total amount issued with proof of acceptance. The balance will be issued upon proof of second quarter/semester enrollment.

ELIGIBILITY REQUIREMENTS

1. Applicant must be a high school graduate (or equivalent), and a resident of San Benito County for a minimum of one continuous year, prior to the date of application. The residency requirement will be waived for an employee of Hazel Hawkins Memorial Hospitals, with one year's service.
2. Financial need will be a consideration, and good citizenship is a requirement.
3. The applicant must show proof of acceptance for training in an accredited institution in the health-care field. **Acceptance must be confirmed by Friday, August 13, 2010.** An alternate recipient will be chosen, if proof of acceptance/enrollment is not provided by the deadline.
4. Applicant must provide a high school Transcript, and any additional post-high schoolwork completed. Grade-point average may be considered in selection of a winner.
5. Applicants who meet the requirements, as specified herein, may re-apply each year, as they advance in their medical field.

INSTRUCTIONS FOR SUBMITTAL OF APPLICATION

1. Complete the "Application Form".
2. Submit a personal statement that includes why you have chosen the field of interest, experience in this field, financial need, status, goals. This will help to determine your full awareness of the job duties and responsibilities of your chosen field.
3. **Three references are required**: one must be a teacher or counselor, and the other two must be adults, who are not related to the applicant.
4. The applicant must fill in his/her name, field of study and the Reference's name and address prior to delivering the "Reference Form" to the designated persons.
5. When completed, the persons from whom the applicant has requested a reference, **must include a "Letter of Recommendation" with the Form. These are to be mailed to:**

Pamela McHam, Chairman
HHMH Auxiliary Scholarship Comm.
840 Duffin Drive
Hollister, CA 95023

6. It is the responsibility of the applicant to follow up and ensure that the **Application Form, Personal Statement, Reference Form and Letters of Recommendation** are complete, correct and submitted to the Committee by the deadline. Applicant will be disqualified, if this is not done.

NOTE: All Forms and Letters listed in #6 must be mailed, and postmarked no later than:

Friday, April 16, 2010

Hand-delivered, late or incomplete applications are ineligible!!

Application and Reference Forms are available at the High School or College Counseling Offices, at the Receptionist's Desk in the Lobbies of all Hazel Hawkins Memorial Hospitals and Clinics.

**HAZEL HAWKINS HOSPITALS MEMORIAL AUXILIARY SCHOLARSHIP
REFERENCE FORM - 2010**

To: _____
(Name of Reference)

Address: _____

Your name has been submitted as a reference for the applicant named below. Please submit a Letter of Recommendation, commenting on the person's integrity, personality, character and any other trait that would be of value in judging his/her eligibility for a scholarship. Your candid opinion of the applicant's suitability for the chosen career would be appreciated, and will be strictly confidential.

Please be advised that: _____
(Name of Applicant)

is preparing for a career in _____
(Field of Study)

He/she is applying to the Hazel Hawkins Memorial Hospitals Auxiliary Scholarship Committee for a scholarship. This is available for training and education in any of the health careers that would prepare this applicant to be any of the following: Dental Assistant, Dental Hygienist, Dietitian, Emergency Medical Technician, Laboratory Technologist, Medical Assistant, Medical Social Worker, Nurse, Nurse Practitioner, Occupational Therapist, Physician, Physician's Assistant, Physiotherapist, Radiological Technologist or Speech Therapist.

Thank you.
The HHMH Auxiliary Scholarship Committee:

Pamela McHam, Chairman
Arlene Jenkins, Donna Ketchum, Sylvia Marquez, Rosa Ramos Roberts,
Donna Sander

IMPORTANT: This Reference Form and your Letter of Recommendation must be returned, as soon as possible. If these are not received by the deadline of **Friday, April 16, 2010**, the applicant will be ineligible for consideration. Please return (**via U. S. Mail only**) to: Pamela McHam, Chairman, HHMH Auxiliary Scholarship Committee, 840 Duffin Drive, Hollister, CA 95023..

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