



Hazel Hawkins Auxiliary Scholarship Committee
Attention: Lois Itow, Scholarship Chair
911 Sunset Drive
Hollister, CA 95023

APPLICATION

HAZEL HAWKINS MEMORIAL HOSPITAL

AUXILIARY 2024 SCHOLARSHIP

Application Deadline - **Friday, April 5, 2024**

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

HAZEL HAWKINS MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP – 2024

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, Physical Therapy, Physician, Physician's Assistant, Physiotherapist, Radiological Technologist, or Speech Therapist. The amount awarded to each recipient will be at the discretion of the Scholarship Committee.

ELIGIBILITY REQUIREMENTS

1. Applicant must be a high school graduate (or equivalent), a resident of San Benito County for a minimum of one continuous year (prior to the date of application) and be a current/enrolled college student. 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 enrollment for training in an institution in the health-care field.
4. Applicant must provide proof of enrollment, and any additional post-high school work 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, and goals. This will help to determine your full awareness of the job duties and responsibilities of your chosen field. Please attach a typed word document 350 words or less. Any personal statements that exceed 350 words will not be considered.
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 Reference Form.**

These are to be mailed to:

Hazel Hawkins Auxiliary Scholarship Committee
Attention: Lois Itow, Scholarship Chair
911 Sunset 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, Letters of Recommendation, and Transcript(s)** are complete, correct and submitted to the Committee by the deadline. Applicant will be disqualified if packet is not complete by submission date deadline.
7. The awards will be announced by May 10, 2024. All applicants who will be receiving awards will be notified via mail. All recipients will receive a check in June (date to be determined) at a group photo session at the Hospital.

NOTE: All Forms and Letters listed in #6 must be mailed, and postmarked no later than: FRIDAY, April 5, 2024.

Hand-delivered, late or incomplete applications are ineligible!

**HAZEL HAWKINS MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP
APPLICATION FORM - 2024**

Name: _____
Last First Middle

Address: _____ **Phone:** _____

Email: _____

Name & Address of Parent(s)/Guardian(s)/Next of Kin:

College Presently Attending: _____

College Graduation Date: _____

What Health Vocation are you preparing for? _____

Have you been accepted into a vocational program? _____

If yes, list the name of the school and Program Director:

Number in your family living at home: _____

Are your parents, guardian or spouse employed? _____

If yes, list the name, employer's name and address, and nature of work for each individual:

I hereby affirm that this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

Please return the completed Form (**via US Mail only**) to:

Hazel Hawkins Auxiliary Scholarship Committee
Attention: Lois Itow, Scholarship Chair
911 Sunset Drive
Hollister, CA 95023

Deadline: Friday, April 5, 2024

**HAZEL HAWKINS MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP
REFERENCE FORM - 2024**

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 Assistant, Physiotherapist, Radiological Technologist or Speech Therapist.

Thank you,

The HHMH Auxiliary Scholarship Committee:
Lois Itow, Chair, Donna Ketchum, Donna Sander, Dorissa Adams and Linda Daughenbaugh

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 5, 2024**, the applicant will be ineligible for consideration.

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