

2026 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 (2026) 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, 2026**. If mailed, POSTMARK must be on or before **April 1, 2026**.

SELECTION

Final selection will be made in **May of 2026**.

Instructions for Submitting Application Packet

Deadline: April 1, 2026

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 1, 2026. If mailed, postmark must be on or before **April 1, 2026.**
- ☐ **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/>



911 Sunset Drive ■ Hollister, CA 95023
831.636.2653 Fax 831.636.2654
Lsparling@hazelhawkins.com
www.hazelhawkins.com/foundation

Form #1: Scholarship Application – 2026

Name			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Mailing Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Telephone ()		Email	

High school/college presently attending: _____

High school/college/tech program anticipated graduation date: _____

What healthcare/medical career are you preparing for? _____

How much of your schooling will you be able to finance? _____ (%)

If you know of any other funding sources you might be receiving,
please list them here (eg, other scholarships):

Are you or a family member employed at Hazel Hawkins Hospital? ☐ Yes ☐ No

If yes, list name, relationship and position for each individual:

Have you worked as a volunteer at Hazel Hawkins Hospital? ☐ Yes ☐ No

If yes, when and how long: _____

Have you previously applied for HHH Foundation Scholarship? ☐ Yes ☐ No

If yes, did you receive a scholarship from HHH Foundation? ☐ Yes ☐ No

Are you or have you been a resident of San Benito County? ☐ Yes ☐ No

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

Applicant's Signature

Date



(Use additional pages if necessary)

[illegible]

Form #3: Colleges/Universities

Applicant Name:	
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List colleges/universities to which you have applied:

College Name	City	State

List colleges/universities/technical schools to which you have been accepted:

Attach Acceptance Letters for Each

What is your planned major?

What are your career objectives?



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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, or 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.

Thank You,

Scholarship Committee
Hazel Hawkins Hospital Foundation

It is important that your reference letter (and this form) be returned as soon as possible. If we do not receive this completed form postmarked by April 1, 2026, the applicant will not be eligible for consideration.

Please mail your reference letter and this form to:

Hazel Hawkins Hospital Foundation
Attn: Scholarship Committee
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Hollister, CA 95023
Lsparling@hazelhawkins.com



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