

**APPLICATION FOR THE
HAZEL HAWKINS MEMORIAL HOSPITAL
AUXILIARY 2020 SCHOLARSHIP**

Application Deadline - Wednesday, April 1, 2020

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

HAZEL HAWKINS MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP - 2020

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 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), 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 enrollment for training in an institution in the health-care field.
4. Applicant must provide a high school Transcript, 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, 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 Committee
824 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, Letters of Recommendation, and Transcript** are complete, correct and submitted to the Committee by the deadline. Applicant will be disqualified if this is not done.
7. The awards will be announced by May 12, 2020. All applicants who will be receiving awards will be notified by mail. In lieu of a check, a certificate will be presented to the high school students at their respective awards' assemblies. 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: **WEDNESDAY, APRIL 1, 2020.**

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

Application and Reference Forms are available at the San Benito and Anzar High Schools or College Counseling Offices, at the Receptionist's Desk in the lobbies of Hazel Hawkins Memorial Hospitals and our Clinics, and on the Hospital website at ***www.hazelhawkins.com***.

**HAZEL HAWKINS MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP
APPLICATION FORM - 2020**

Name: _____
Last First Middle

Address: _____ **Phone #** _____

Email: _____

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

High School/College Presently Attending: _____

High School/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. _____ Date: _____ 2020
Applicant's Signature

Please return the completed Form (**via U. S. Mail only**) to:
Pamela McHam, Chairman, HHMH Auxiliary Scholarship Committee,
824 Duffin Drive, Hollister, CA 95023.

Deadline: Wednesday, April 1, 2020.

**HAZEL HAWKINS MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP
REFERENCE FORM - 2020**

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

Lois Itow, Donna Ketchum, Irene Maggini, Donna Sander, Jackie Shearer

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 Wednesday, **April 1, 2020**, the applicant will be ineligible for consideration.

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824 Duffin Drive, Hollister, CA 95023.**

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REFERENCE FORM - 2020**

To: _____
(Name of Reference)

Address: _____

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