2014
SCHOLARSHIP AWARDS

Hospital Foundation Scholarships, including the Gallardo Scholarships, named for benefactor, Ysidro Gallardo current Personnel Director at HHMH, will be 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.

Scholarship awards are issued in stages. Half the total award will be issued with proof of registration/acceptance. The balance of the award will be issued upon proof of 2nd quarter/semester enrollment, which must be submitted within 30 days of registration. If after 30 days of registration the award is not claimed, the award will be forfeited.

QUALIFICATIONS

1. Applicant must be a high school graduate (or a graduating senior) and a resident of San Benito County for a minimum of one continuous year previous to the application date. The residency requirement may be waived for a San Benito Health Care District employee with one year’s service.
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. An alternate student will be chosen if proof of acceptance/enrollment is not provided.
4. Applicant must provide a high school Transcript and any additional post-high school record.
5. Applicant must show evidence of good citizenship.
6. Applicant must provide three references (see Instructions for Submitting Application).

DEADLINE

The completed application, including all 3 letters of reference, must be returned and POSTMARKED on or before Monday, April 30, 2014.

SELECTION

Final selection will be made in May of 2014.
Instructions for Submitting Application Packet
Deadline: April 30, 2014

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 30, 2014.**

- **Transcripts:** The application packet must include a complete transcript of record from applicant’s high school and any post-high schoolwork completed.

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Form #1: Scholarship Application – 2014

Name

Last
First
Middle

Address

Street
City
State
Zip

Telephone (  )
Email

Name and address of parent(s)/guardians(s)/next of kin:

High school/college presently attending:

High school/college/tech program anticipated graduation date:

What hospital or medically-oriented career are you preparing for?

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

Number in your family that live at home: _________

Is your father/mother/husband/wife/companion employed?  □ Yes  □ No

If “Yes”, list the name, employer’s name and address, and the 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_________________________

Hazel Hawkins Hospital Foundation
Attn: Scholarship Committee
911 Sunset Drive
Hollister, CA 95023

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Form #2: Personal Statement

(Use additional pages if necessary)

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Form #3: Colleges/Universities

Applicant Name: 

List colleges/universities to which you have applied:

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<th>City</th>
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<th>Total Annual Cost</th>
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List colleges/universities/technical schools to which you have been accepted:  

Attach Acceptance Letters for Each

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<th>State</th>
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What is your planned major?

What are your career objectives?

Hazel Hawkins Hospital Foundation  
Attn: Scholarship Committee  
911 Sunset Drive  
Hollister, CA 95023  

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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 30, 2014, the applicant will not be eligible for consideration.

Please mail your reference letter and this form to:

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