



## Return to Learn Scholarship \$1,000 (2)

Applications can be obtained from the Financial Aid & Scholarship Services Office (K1-312)  
online at: <http://www.sdmiramar.edu/campus/scholarship-office/applications>

*This scholarship was made possible by San Diego Miramar President, Dr. Wesley Lundburg. President Lundburg's family wanted to create a scholarship to empower those who have overcome personal obstacles in their lives and yet are still able to stay focused in school. These funds welcome all individuals who are continuing with their life goals and are pursuing an education to assist them in developing skills to increase their future work opportunities to better support their families, despite the challenges that they have endured.*

### Selection Criteria

- Currently enrolled at SDCCD (City, Mesa, and/or Miramar) with a minimum of 6 units at San Diego Miramar College
- Award will disbursed for the 2022-23 academic year (Must show full-time enrollment of 12 units or more) Fall 2022 or Spring 2023 semester

The scholarship recipients will be notified by April 8, 2022 and will be invited to attend the Miramar College Scholarship Awards Ceremony on April 27, 2022.

### INSTRUCTIONS:

All scholarship applications must be submitted to the Financial Aid & Scholarship Office (K1-312) or by email to: [mirascholarships@sdccd.edu](mailto:mirascholarships@sdccd.edu)

Required application attachments should be submitted together with your scholarship application. To send attachments separately (references, letters of recommendation, transcripts, etc.) include the applicant's name, student ID#, and the name of the scholarship in the subject line. Please use separate emails for different scholarships.

### Application Deadline March 31, 2022

San Diego Miramar College  
Financial Aid & Scholarship Services Office, K-312  
10440 Black Mountain Road  
San Diego, CA. 92126  
Phone: (619) 388-7864

# RETURN TO LEARN scholarship application

## PERSONAL INFORMATION

NAME:		STUDENT ID#:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:	E-MAIL:		

## ACADEMIC INFORMATION

CURRENT CUMULATIVE GPA:	MAJOR/FIELD OF STUDY:
NUMBER OF UNITS CURRENTLY ENROLLED AT SDCCD (City, Mesa, and/or Miramar College)  _____ Units	ENROLLED FULL-TIME AND IN AT LEAST 6 UNITS AT MIRAMAR COLLEGE: Fall 2022:    ___ Yes    ___ No Spring 2023:    ___ Yes    ___ No
DO YOU PLAN TO TRANSFER?    YES    IF SO, WHEN/WHERE: NO	

## ADDITIONAL APPLICATION REQUIREMENTS:

1. A one-page, typed essay on the following:  
Describe how your personal obstacle(s) that makes you want to return to school?

*Note for selected recipients: Scholarship funds may be used for ANY expenses incurred while attending school. Recipients will need to provide expense receipts to be reimbursed (may provide an estimation of expenses for reimbursement, but will need to provide the actual expense receipts at later date).*

## CERTIFICATION AND RELEASE

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that I will not be eligible for this scholarship if I have misrepresented myself in any way. I authorize the necessary persons to have access to my student records in the processing of this application.

SIGNATURE:	DATE:
<p>Your application must be received by the Financial Aid &amp; Scholarship Services Office, K1-312 by March 31, 2022</p>	<p>San Diego Miramar College Financial Aid &amp; Scholarship Services Office, K1-312 10440 Black Mountain Road San Diego, CA 92126 Phone: (619) 388-7864 Fax: (619) 388-7910</p>

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Financial Aid & Scholarship Services Office  
10440 Black Mountain Road  
San Diego, CA 92126

## SCHOLARSHIP "THANK YOU" LETTER

The donors of scholarships have dedicated themselves to raising money to help students reach their educational and vocational dreams. Many of our members are from non-profit organizations who take great pleasure and time to raise funds for our student scholars.

All 2022 scholarship recipients will be required to provide a "Thank You" Letter to the donor expressing your sincere appreciation of the award(s).

*By signing below you agree to comply with the statement listed above.*

Applicant Signature:

Date:

Print Name:

## RELEASE OF INFORMATION *(required)*

As a scholarship recipient, I authorize the Miramar College Foundation and the San Diego Miramar College Financial Aid & Scholarship Services Office to use my information (name, scholarship, amount, and pictures) for press and media purposes. Please return this form to the Financial Aid & Scholarship Services Office, K1-312.

Name:

Address:

City:

State:

Zip Code:

Applicant Signature:

Date:

Completed scholarship applications must be submitted to the  
Financial Aid & Scholarship Services Office (K1-312) or by email – [mirascholarships@sdccd.edu](mailto:mirascholarships@sdccd.edu)