



Julianne Eiser Scholarship (2)

\$500

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

Selection Criteria

- Currently enrolled at San Diego Miramar College with a minimum of 9 units
- Successful completion of Legal 100A & 100B
- Official member of the San Diego Paralegal Club
- 500 word essay on particular area of law that interests you as a Paralegal and why?
- 2.5 GPA or better

2 scholarships in the amount of \$500 will be awarded. The scholarship recipients will be notified by March 26, 2018 and will be invited to attend the San Diego Miramar College Scholarship Awards Ceremony on April 25, 2018.

INSTRUCTIONS:

All scholarship applications must be submitted to the Financial Aid & Scholarship Office (K1-312) or by email to: 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 14, 2018

San Diego Miramar College
Financial Aid & Scholarship Office, K1-312
10440 Black Mountain Road
San Diego, CA. 92126
Phone: (619) 388-7864

Julianne Eiser scholarship application

PERSONAL INFORMATION

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

ACADEMIC INFORMATION

CURRENT CUMULATIVE GPA:	NUMBER OF UNITS CURRENTLY ENROLLED AT SAN DIEGO MIRAMAR COLLEGE:	
ARE YOU AN OFFICIAL MEMBER OF THE SAN DIEGO PARALEGAL CLUB? YES NO	HAVE YOU COMPLETED LEGAL 100A&B?	YES NO
DO YOU PLAN TO TRANSFER? YES NO	IF SO, WHEN/WHERE?	

ADDITIONAL APPLICATION REQUIREMENTS:

Complete a 500 word essay on a particular area of law you're interested in as a paralegal and why?

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 & Scholarship Office, K1-312, no later than 7:00pm on Wednesday, March 14, 2018.</p>	<p>San Diego Miramar College Financial Aid & Scholarship Office, K1-312 10440 Black Mountain Road San Diego, CA 92126 Phone: (619) 388-7864 Fax: (619) 388-7910</p>	

INSTRUCTIONS:

All scholarship applications must be submitted to the Financial Aid & Scholarship Office (K1-312) or by email to: 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.

(SPACE PROVIDED FOR ESSAY)

(SPACE PROVIDED FOR ESSAY)



**SCHOLARSHIP AWARDS CEREMONY ATTENDANCE
&
"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.

If you are a winner of this year's scholarship(s), you are expected to attend the Scholarship Award Ceremony held on April 25, 2018. The event time is tentatively scheduled from 1-5pm.

All 2018 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 statements 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: