



**San Diego Firefighters Emerald Society,  
SGT/Firefighter Paramedic Brian Dunlap USMC  
Memorial Scholarship (2)  
\$500**

Applications can be obtained from the Financial Aid & Scholarship Office Services (K1-312) and also online

at: <http://www.sdmiramar.edu/campus/scholarship-office/applications>

**SELECTION CRITERIA:**

- Must have completed a minimum of 18 units
- Must be enrolled in Miramar Fire Tech and completed 18 units by the end of Spring 2018
- Two letters of recommendation:
  - One letter of recommendation must be from an instructor.
  - One letter of recommendation must be from an active firefighter/officer

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 Services 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 14, 2018**

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

# San Diego Firefighters Emerald Society, SGT/Firefighter Paramedic Brian Dunlap

## USMC Memorial Scholarship scholarship application

### PERSONAL INFORMATION

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

NUMBER OF UNITS COMPLETED AT SAN DIEGO MIRAMAR COLLEGE:	ARE YOU CURRENTLY ENROLLED IN FIRE TECH?	YES NO
	WILL YOU HAVE COMPLETED 18 UNITS BY THE END OF SPRING 2018?	YES NO

### APPLICATION REQUIREMENTS:

Two letters for recommendation:

- One letter of recommendation must be from an instructor
- One letter of recommendation must be from an active firefighter/officer

### 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:
Your application must be received by the Financial Aid & Scholarship Services Office, K1-312, no later than 7:00pm on Wednesday, March 14, 2018.	San Diego Miramar College Financial Aid & Scholarship Services Office, K1-312 10440 Black Mountain Road San Diego, CA 92126 Phone: (619) 388-7864 Fax: (619) 388-7910	

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(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: