

# Veteran's Continuing Education Scholarship (2) \$250

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

This scholarship is dedicated to James W. Tate, MGySgt, USMC, who served from 1962-1991. He was a strong advocate for continuing education and encouraged his marines to enroll in school (to take advantage of the opportunities they were fighting for), during and after their enlistment. Contribution is made possible by his nephew, Billye Thomas.

# **SELECTION CRITERIA:**

- Currently enrolled at San Diego Miramar College with a minimum of 12 units
- Must have completed at least 24 units with a minimum grade point average of 3.00 at Miramar College
- Must demonstrate financial need
- Must have taken at least one Basic Skills English Class with a "B" or better
- Must be a Veteran

2 scholarships in the amount of \$250 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 Services Office (K1-312) or by email to: <a href="mailto:mirascholarships@sdccd.edu.">mirascholarships@sdccd.edu.</a> 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

# VETERAN'S CONTINUING EDUCATION scholarship application



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

CURRENT CUMULATIVE GPA:		MAJOR/FIELD OF STUDY:		
HAVE YOU COMPLETED ANY	YES	ARE YOU CURRENTLY ENROLLED	YES	
BASICE SKILLS ENGLISH CLASSES:	NO	IN ENGLISH CLASSES:	NO	
LIST CLASS(ES)				

## **APPLICATION REQUIREMENTS:**

- 1. Submit a 2-page essay: Describe your association with the military. Describe your motivation to join the military and why you chose your degree/major at San Diego Miramar College.
- 2. Submit one letter of recommendation from Miramar College Faculty/or Counselor.

## **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
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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)



Applicant Signature:

# 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.

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:						
Zip Code:						
Date:						