

# Miramar Managers Scholarship \$500

Applications can be obtained from the Financial Aid & Scholarship Services 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 12 units
- Must have completed at least 12 units with a minimum grade point average of 3.0 at San Diego Miramar College
- Evidence of leadership skills and the use of such skills to make a difference at San
   Diego Miramar College and/or in your community

1 scholarship in the amount of \$500 will be awarded. The scholarship recipients will be notified by March 15, 2019 and will be invited to attend the San Diego Miramar College Scholarship Awards Ceremony on April 10, 2019.

#### **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 February 14, 2019

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

### MIRAMAR MANAGERS scholarship application



PERSONAL INFORMATION						
NAME:	STUDENT ID#:					
ADDRESS:						
CITY:		STATE:		ZIP CODE:		
PHONE:	HONE: E-MAIL:					
ACADEMIC INFORMATION						
CURRENT CUMULATIVE GPA:		MAJOR/FIELD OF STUDY:				
NUMBER OF UNITS COMPLETED		NUMBER OF UNITS CURRENTLY				
AT MIRAMAR COLLEGE:		ENROLLED AT MIRAMAR COLLEGE:				
DO YOU PLAN TO TRANSFER?  YES  NO		IF YES, WHEN/WHERE:				
APPLICATION REQUIREMENTS:						
1. ESSAY – A 500-word essay describing how your leadership has made a difference at Miramar College						
and/or in the community.						
2. SUBMIT TWO LETTERS OF RECOMMENDATION – These should address an example of leadership that						
made a difference at San Diego Miramar College and/or in your community.						
3. SUBMIT TRANSCRIPT(S) – Unofficial copies are acceptable.						
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	_		
		S	San Die	ego Miramar College		
Your application must be received by the	Financial Aid & Scholarship Services Office, K1-312					
Financial Aid & Scholarship Office no later 10440 Black Mountain R						
7:00PM on Thursday, February 14, 201	'					
7.001 W 011 That Sady, 1 Coldary 14, 201	.5	Phone: (619) 388-7864				
		Fax: (619) 388-7910				
Tax. (013) 300-7310						
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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 Awards Ceremony held on Wednesday, April 10, 2019. The event time is tentatively scheduled from 1-5pm.

All 2019 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:					
State:	Zip Code:				
Applicant Signature:					
	, I authorize the Miramar Coll nancial Aid & Scholarship Serv arship, amount, and pictures) the Financial Aid & Scholarsh				