

In Memory of George F. Dowd Scholarship \$250 (2)

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

Selection Criteria

- Aviation Machinist Major
- Veteran Student
- Must be planning to enroll at San Diego Miramar College in the Fall 2019 with a minimum of 6 units.
- At the time of application, recipient must have completed a minimum of 6 units at San Diego Miramar College
- Must have a minimum 3.0 GPA
- Must demonstrate financial need

2 Scholarships in the amount of \$250 each 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 Services 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

IN MEMORY OF GEORGE F. DOWD scholarship application



PERSONAL INFORMATION					
NAME:		STUDENT ID#:			
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:	E-MAIL:				
ADDITIONAL ACADEMIC INFORMATION					
CURRENT CUMULATIVE GPA:		MAJOR/FIELD OF STUDY:			
NUMBER OF UNITS CURRENTLY ENROLLED SAN DIEGO MIRAMAR COLLEGE:					
APPLICATION REQUIREMENTS:					
ESSAY - Why attending San Diego Miramar College is important to you and what you hope to achieve, career wise, after completing your studies.					
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	E:	
Your application must be received by the Fi Aid & Scholarship Services Office, K1-312, r than 7:00pm on Thursday, February 14, 2	no later			San Diego Miramar College 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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San Diego Miramar College Financial Aid & Scholarship Services Office 10440 Black Mountain Road San Diego, CA 92126

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 Financial Aid & Scholarship Services Office, K1-312.				
Name:				
Address:				
City:	State:	Zip Code:		
Applicant Signature:		Date:		
PERSONAL INVITATION (optional)				
If you are selected to receive a scholarship, you will be invited to attend the annual award ceremony. Attendance is optional, but highly recommended and is a great opportunity to commemorate your accomplishment. The Financial Aid & Scholarship Services can send an invitation, on your behalf, to any faculty/staff member that has made a positive impact during your college experience. Please provide the names and departments for up to 2 guests along with any special comment you would like to publicly share.				
Name:				
Department:				
Special Comment:				
Name:				
Department:				
Special Comment:				