



Filipino American Student Scholarship \$250

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 in a minimum of 6 units at San Diego Miramar College
- Must have completed at least 12 units at San Diego Miramar College
- Must be in good academic standing , with a minimum 2.5 GPA
- Must demonstrate strong leadership experience in promoting Filipino/Filipino American cultural awareness at school and/or in the community

1 scholarship in the amount of \$250 will be awarded. The scholarship recipient 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:
March 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

Filipino American Student scholarship application

PERSONAL INFORMATION

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

ACADEMIC INFORMATION

| | |
|--|--|
| CURRENT CUMULATIVE GPA: | MAJOR/FIELD OF STUDY: |
| NUMBER OF UNITS CURRENTLY ENROLLED: | NUMBER OF UNITS COMPLETED AT SAN DIEGO MIRAMAR COLLEGE: |

ADDITIONAL APPLICATION REQUIREMENTS:

A one-two page, typed essay on how you have gone about promoting Filipino, Filipino/American cultural awareness at school and/or in the community

Two letters of recommendation. One letter must be from a faculty member and the other may be from a community member, employer, etc.

Unofficial copy of Transcript(s)

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 Thursday, March 14, 2019.</p> | <p>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</p> |

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**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.

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: