



San Diego Miramar College Paralegal Group Scholarship (2) \$500

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

Selection Criteria

- Must have a 3.00 GPA or higher in the San Diego Miramar College Paralegal Program.
- Must be currently enrolled in the San Diego Miramar College Paralegal Program.
- Must be an active member in good standing with the San Diego Miramar College Paralegal Group.

2 scholarships in the amount of \$500 will be awarded. The scholarship recipients 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 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 18, 2019 @ 7:00PM

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



SDMCPP scholarship application

PERSONAL INFORMATION

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

ADDITIONAL ACADEMIC INFORMATION

| | |
|---|--|
| CURRENT CUMULATIVE PARALEGAL PROGRAM GPA : | NUMBER OF UNITS CURRENTLY ENROLLED IN AT SD MIRAMAR COLLEGE: |
| NUMBER OF UNITS COMPLETED AT SAN DIEGO MIRAMAR COLLEGE: | |

APPLICATION REQUIREMENTS:

- COMPLETE ONE OF TWO ESSAYS – The essay should be one page in length, typed, double spaced, times new roman, 12 font on topics:
 1. “Why I think being a paralegal is important”
 2. “What this scholarship means to me...”
- ATTACH COPIES OF PREVIOUS COLLEGE TRANSCRIPT(S) -- official or unofficial are acceptable.
- MUST SUBMIT 1 LETTER OR RECOMMENDATION – MUST BE FROM A PARALEGAL PROGRAM FACULTY MEMBER

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 Services Office, K1-312, no later than 7:00pm on Monday, March 18, 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: