



## American Federation of Teachers Larry Schwartz Memorial Scholarships Multiple at \$500 each

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

### **SELECTION CRITERIA:**

- Currently enrolled in at 6 units at San Diego Miramar College
- Completed a minimum of 12 units at San Diego Miramar College
- Must be a labor union member in good standing, a former member with an honorable withdrawal card, or have a family member in a union (mother, father, son, daughter, husband or wife)

Scholarships in the amount of \$500 each will be awarded. The scholarship recipients will be invited to attend the San Diego Miramar College Scholarship Awards Ceremony on April 22, 2020.

### **INSTRUCTIONS:**

All scholarship applications must be submitted to the Financial Aid & Scholarship Office Services Office (K1-312) or by email to: [mirascholarships@sdccd.edu](mailto: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 13, 2020**

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

# LARRY SCHWARTZ MEMORIAL scholarship application

## PERSONAL INFORMATION

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

Please answer the questions below.

I am a union member. Yes No Name of your union: \_\_\_\_\_ OR

I am a former union member with honorable withdrawal standing. Yes No Name of your union \_\_\_\_\_

OR

I have a family member in a union. Yes No Name of family member's union: \_\_\_\_\_

Which family member: Mother Father Son Daughter Husband Wife

## ADDITIONAL ACADEMIC INFORMATION

NUMBER OF UNITS COMPLETED AT SAN DIEGO MIRAMAR COLLEGE:	NUMBER OF UNITS CURRENTLY ENROLLED AT SAN DIEGO MIRAMAR COLLEGE:
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## APPLICATION REQUIREMENTS:

1. Submit a well-written original essay in 500 words or less on one of the following topics:

- What labor union membership has meant to your family.
- The role of labor unions in promoting the well-being of workers.
- The significance of labor unions in contemporary America.

## 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 6:00pm on Thursday, February 13, 2020.	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

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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 22, 2020. The event time is tentatively scheduled from 1-5pm.

All 2020 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:	