



Richard and Eloise Johnston Health Services 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

- GPA of 2.5 or better
- Interest in pursuing a career in alternative healthcare-related field such as: nursing, radiologic technology, dental assisting, emergency medical technology, pharmacy technician, etc.
- Completion of 6 units at San Diego Miramar College with current enrollment of 6 units or more at San Diego Miramar College
- Demonstrate financial need
- One-Page, double-spaced statement discussing your interest in pursuing a career in the health field and indicating your financial need
- Student must have application signed by a professional in a healthcare field or a faculty member in a health service program.

1 scholarship in the amount of \$500 will be awarded. The Scholarship recipient will be notified by March 20, 2020 and will be invited to attend the Miramar College Scholarship Awards Ceremony on April 22, 2020.

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 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

Richard and Eliose Johnston 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 IN AT MIRAMAR COLLEGE: | NUMBER OF UNITS COMPLETED AT MIRAMAR COLLEGE: |
| DO YOU PLAN TO TRANSFER? YES IF SO, WHEN/WHERE: NO | |

ADDITIONAL APPLICATION REQUIREMENTS:

Interest in pursuing a health-related field

1. One-Page, double-spaced statement discussing your interest in pursuing a career in the health field and indication your financial need
2. Signature of professional in a health care field or faculty member:

Signature (Name & Title)

Date

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 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: | |