

## Peggy Gray Spanninga Transfer Scholarship

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

### Scholarship Description

The Peggy Gray Spanninga Transfer Scholarship is intended to provide financial support for community college students who have gained consistent work experience while attending college and demonstrate a commitment to continuing their education at a four-year university. The scholarship will provide up to two years of support for each selected student. The amount of the scholarship will be determined annually based upon the number of awards and available funds.

### Eligibility Criteria

- Student must be currently enrolled at San Diego City, Mesa or Miramar College
- Students must have a minimum 2.75 GPA
- Students must have completed a 2019-2020 FASFA or Dream Act application (demonstrate financial need)
- Students must be on track to transfer to a four-year university by Fall 2020

### Selection Criteria

Students will be selected based on how well they meet the following selection criteria:

- Student must demonstrate consistent work experience while attending college
- Students must demonstrate academic excellence and commitment to continuing their education at a four-year university

### Application Material

- Student must write a one page typed essay reflecting on their work experience to date and their future educational and career goals
- Current resume (optional)

**Application Deadline**  
**February 13, 2020**

# PEGGY GRAY SPANNINGA TRANSFER scholarship application

## PERSONAL INFORMATION

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

## ADDITIONAL INFORMATION

Completed 2019-20 Financial Aid FAFSA or Dream Act Application	YES	NO	Do you plan to transfer? If so, when/where?	YES	NO
Have you been working while attending college:	YES	NO	Educational Plan Goal:		

APPLICATION REQUIREMENT: One page essay –

Written essay reflecting your work experience to date and future educational and career goals.

## 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	

## INSTRUCTIONS:

All scholarship applications must be submitted to the Financial Aid & Scholarship 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.



**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: