

San Diego Miramar College Paralegal Group Scholarship (3) \$300

Applications can be obtained from the Financial Aid & Scholarship Office (K1-312) or online at: http://www.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.

3 scholarships in the amount of \$300 each will be awarded. The scholarship recipients will be notified by March 20, 2020 and 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 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: April 13, 2020 @ 6:00PM

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



SDMCPG scholarship application



PERSONAL INFORMATION						
NAME:			STUDENT ID#:			
ADDRESS:						
CITY:		STATE:		ZIP CODE:		
PHONE: E-MAIL:						
ADDITIONAL ACADEMIC INFORMATION						
CURRENT CUMULATIVE PARALEGAL		NUMBER OF UNITS CURRENTLY				
PROGRAM GPA:		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:

Your application must be received by the Financial Aid & Scholarship Office, K1-312, no later than 6:00pm on Thursday, April 13, 2020.

San Diego Miramar College Financial Aid & Scholarship 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 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.



Applicant Signature:

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.

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:			