



California Coast Credit Union Scholarship (4) \$500

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

Selection Criteria

- Recipient must be currently enrolled in at least 9 units at San Diego Miramar College for the 2020 Spring Semester
- Recipient must be a U.S. citizen or a permanent resident
- At the time of application, recipient must have completed a minimum of 12 units at San Diego Miramar College
- Recipient must be involved in an active leadership role in a community service organization or demonstrated community service prior to applying.

2 scholarships in the amount of \$500.00 will be awarded upon verification of enrollment during the Spring 2020 semester.

2 scholarships in the amount of \$500.00 will be awarded upon verification of enrollment during the Fall 2020 semester.

The scholarship recipients will be notified by March 20, 2020 of awarding semester and 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 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

California Coast Credit Union 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 COMPLETED AT SAN DIEGO MIRAMAR COLLEGE:		NUMBER OF UNITS CURRENTLY ENROLLED AT SAN DIEGO MIRAMAR COLLEGE:	
Do you plan to transfer?	YES NO	If so, when/where:	

ADDITIONAL APPLICATION REQUIREMENTS:

A one-two page essay doubled space typed:

- Please explain what motivates you to give back to your community through service.

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: