



## Student Success Scholarship

# \$100-\$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

- Current enrollment of 6 units or more at San Diego Miramar College
- Demonstrate financial need
- Statement discussing immediate need and how this scholarship will help you continue your education.
- Student must have application signed by a San Diego Miramar College Counselor

Scholarships in the amount of \$100-\$500 will be awarded.

### 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.

### Application Deadline Ongoing

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



# Student Success scholarship application

## PERSONAL INFORMATION

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

## ACADEMIC INFORMATION

NUMBER OF UNITS CURRENTLY ENROLLED IN AT MIRAMAR COLLEGE:	
--	--

## ADDITIONAL APPLICATION REQUIREMENTS:

Interest in pursuing a health-related field

1. Statement discussing immediate need and how this grant will help you continue your education.
2. Signature of a San Diego Miramar Counselor:

\_\_\_\_\_  
*Signature (Name & Title) – Counselor recommendation*

\_\_\_\_\_  
*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	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: