



Sharron Bidwell-Warren Women in Science Memorial Scholarship \$250 (2)

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

SELECTION CRITERIA:

- Currently enrolled at San Diego Miramar College with a minimum of 6 units
- Must have completed at least 6 units at San Diego Miramar College
- Must have a GPA of 3.5 or higher
- Must be a female student who is enrolled in Science courses at Miramar College and plans to transfer to a 4-year institution and pursue a degree in a Science Field

Two scholarships in the amount of \$250 each 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

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:
January 8, 2021**

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

SHARRON BIDWELL-WARREN WOMEN IN SCIENCE MEMORIAL scholarship application**PERSONAL INFORMATION**

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

ADDITIONAL 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:

APPLICATION REQUIREMENTS:

ESSAY – Minimum of 500 words answering the following:

1. Tell us about yourself and your background.
2. Which field of science is of interest to you and why?
3. What do you think can be done to encourage more women into the field of science?
4. How would this scholarship help you to reach your educational goals?

Must submit two letters of recommendations

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 by January 8, 2021	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

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 “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.

All 2021 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 statement 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: