



Regional Entrepreneurship Center - REC Innovation Lab Seed Fund Scholarship Award (10) - \$250

SELECTION CRITERIA:

- Demonstrate excellence in the application of entrepreneurship principles as measured by completion of at least one semester incubation at the REC.
- Provide link to 5-8 minute pitch deck presentation, startup one-sheet, customer discovery interviews and survey results (minimum of 25), and links to website (with logo), and at least two social media accounts with tagged posts, and at least 30 connections.
- All evidence must be provided in a digital format. Place all required deliverables in a Google drive and attach a sheet with the links to the requisite documents, your YouTube video, and social media accounts by September 30th.

10 scholarships in the amount of \$250 will be awarded. The scholarship recipients will be notified on **December 5, 2020**.

INSTRUCTIONS:

All scholarship applications must be submitted to the Financial Aid & Scholarship Services Office by email to: mirascholarships@sdccd.edu

Required scholarship application to be submitted by deadline. To send via e-mail 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: November 15, 2020

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

REC Innovation Lab Entrepreneurship Award 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:

ADDITIONAL APPLICATION REQUIREMENTS:

- Attached to the application, a typewritten document containing all required documentation of successful completion of a semester at the REC Innovation Lab including: a link to a 5 to 8 minute pitch deck (all applicants must also present at the REC Innovation Showcase), one-sheet, customer discovery interview and survey results (minimum 25), link to a website logo, and links to social media accounts.

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 11:59pm on Sunday, November 15, 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

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: