



American Federation of Teachers Larry Schwartz Memorial Scholarships Multiple at \$500 each

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

SELECTION CRITERIA:

- Currently enrolled in at 6 units at San Diego Miramar College
- Completed a minimum of 12 units at San Diego Miramar College
- Must be a labor union member in good standing currently or have a family member currently in a union

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

INSTRUCTIONS:

All scholarship applications must be submitted to the Financial Aid & Scholarship Office 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 19, 2021**

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

LARRY SCHWARTZ MEMORIAL scholarship application

PERSONAL INFORMATION

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

Please answer the questions below.

I am a union member. Yes No Name of your union: _____ OR

I have a family member in a union. Yes No

Name of family member's union: _____ Which family member: _____

ADDITIONAL ACADEMIC INFORMATION

NUMBER OF UNITS COMPLETED AT SAN DIEGO MIRAMAR COLLEGE:	NUMBER OF UNITS CURRENTLY ENROLLED AT SAN DIEGO MIRAMAR COLLEGE:
--	---

APPLICATION REQUIREMENTS:

Submit a well-written original essay in 500 words or less on one of the following topics:

- What labor union membership has meant to your family and what role unions play in promoting the well-being of workers.

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
by February 19, 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: