



## Richard and Eloise Johnston Health Services Scholarship

# \$500

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

### Selection Criteria

- GPA of 2.5 or better
- Interest in pursuing a career in alternative healthcare-related field such as: nursing, radiologic technology, dental assisting, emergency medical technology, pharmacy technician, etc.
- Completion of 6 units at San Diego Miramar College with current enrollment of 6 units or more at San Diego Miramar College
- Demonstrate financial need
- One-Page, double-spaced statement discussing your interest in pursuing a career in the health field and indicating your financial need

### 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 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

# Richard and Eliose Johnston 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 CURRENTLY ENROLLED IN AT MIRAMAR COLLEGE:	NUMBER OF UNITS COMPLETED AT MIRAMAR COLLEGE:
DO YOU PLAN TO TRANSFER? YES IF SO, WHEN/WHERE: NO	

## ADDITIONAL APPLICATION REQUIREMENTS:

Interest in pursuing a health-related field

1. One-Page, double-spaced statement discussing your interest in pursuing a career in the health field and indication of your financial need.

## 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 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

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### 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: