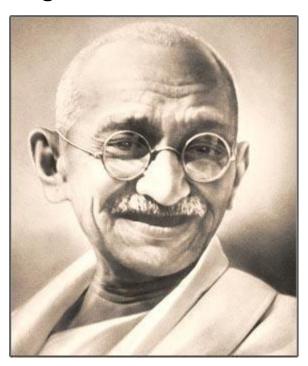


San Diego Indian American Society



2020 Mahatma Gandhi Memorial Scholarships

15-20 Scholarships will be awarded (from \$1,000 and above)
Awardees will receive a U.S. Congressional Certificate of Achievement

Open to ALL Graduating Seniors of San Diego County High Schools regardless of national origin

Selection is based on

- Essay on Non-Violent Means for Conflict Resolution
- Academic Excellence
- Community Involvement

Contact your Scholarship Counselor for an application.

DEADLINE: April 15, 2020

San Diego Indian American Society 2020 Mahatma Gandhi Memorial Scholarships

Deadline April 15, 2020

Section I - Student: Your application packet should include this cover page and all documents listed below.

1.	Student Name: Address:				
	Phone:		E-mail Address:		
2.	Parent(s) Name(s):				
			E-mail Address: E-mail Address:		
2.	Parents total	2019 Adjuste	d Gross Income (circle one): <\$100,000	≥\$100,000	
3.	Highest Educational Background of Parents (circle):				
	High School	College	Professional Degree		

DOCUMENTS TO INCLUDE:

- 5. Essay on **Non-Violence** (not to exceed 2 pages, double spaced). Discuss the influence and impact of nonviolent conflict resolution in society and/or in your life.
- 6. Personal Statement (past achievements, future plans, not to exceed 1 page)
- 7. A list of honors and community service not to exceed 1 page)
- 8. Weighted GPA w/o PE 10th thru 12th (enclose copy of transcript)
- 9. SAT/ACT score (best from same test date; enclose score copy)
- 10. No more than (2) Teacher/Counselor recommendations

NOTE: One or more missing components (as required above) will disqualify the applicant.

Do not include additional materials other than what is listed above.

Additional material will not be considered and will be discarded.

Section II - Scholarship Counselor: Please complete and mail to:

Lovella Cacho Attn: SDIAS Gandhi Scholarship UCSD - Calit2, 9500 Gilman Drive, 0436 La Jolla, CA 92093-0436

Postmarked no later than April 15, 2020.

1.	Name of High School:		
2.	Name of Counselor:		
	Phone:	E-mail Address:	
Siq	nature	Date	