

AVC Foundation
3041 West Avenue K
Lancaster, CA 93536
Phone (661) 722-6300, x 6391

Transferring Scholarship Form 2016-17

Please print

Name: _____ AVC Student ID: _____

Address: _____

City, State and Zip: _____ E-mail: _____

Home Phone: _____ Cell/Other Phone: _____

To receive your scholarship Funds

I plan to attend the following four-year college or university in 2016-17.

Institution Name: Enrollment:	Date of
<i>Award(s) will be sent to the above four-year college or university upon proof of enrollment (Copy of Class Schedule and University Student ID will suffice as proof of enrollment). Please submit to the AVC Advancement and Foundation Office (located in the Administration Building).</i>	
Address:	
City:	State: Zip:
For Office Use Only:	
Date Proof of Enrollment Received:	SID#:
Date Disbursement mailed:	

In the event you are unable to transfer during the 2016-17 school year, please contact the AVC Foundation Office at (661) 722-6300, Extension 6391. As this scholarship is for a student transferring to a four-year university, the funds may not be available if you remain at AVC.

Scholarship Recipient Agreement

Antelope Valley Community College District has the right to use the holder's image, likeness, actions and statements in any live or recorded audio, video or photographic display or other transmission, exhibition or reproduction made in any medium or context for commercial or promotional purposes without further authorization or compensation.

By signing below I authorize the Antelope Valley College Foundation to release my scholarship funds to the AVC Financial Aid Office. I agree to observe the rules and regulations governing all Antelope Valley College Scholarships. If I do not enroll for courses in the academic year following the scholarship award by June 30, 2017 and do not maintain the eligibility criteria, I will forfeit the scholarship.

Signature: _____ Date: _____