

AVC Foundation
3041 West Avenue K
Lancaster, CA 93536

TRANSFERRING SCHOLARSHIP FORM 2017-2018

Name: _____ AVC Student ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

TO RECEIVE YOUR SCHOLARSHIP FUNDS

I plan to attend the following four-year college or university in 2017-2018

Institution Name: _____
Date of Enrollment: _____
<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 Financial Aid Office (Student Service Building)</i>
Address: _____
City: _____ State: _____ Zip Code: _____
For Office Use Only:
Date Proof of Enrollment Received: _____
SID#: _____
Date Disbursement Mailed: _____

In the event you are unable to transfer during the 2017-18 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 will 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, 2018 and do not maintain the eligibility criteria, I will forfeit the scholarship.

Signature: _____ **Date:** _____