

AVC Foundation  
3041 West Avenue K  
Lancaster, CA 93536

## TRANSFERRING SCHOLARSHIP FORM 2018-2019

Name: \_\_\_\_\_ AVC Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### TO RECEIVE YOUR SCHOLARSHIP FUNDS

I plan to attend the following four-year college or university in 2018-2019

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: _____
<b>For Office Use Only:</b>
Date Proof of Enrollment Received: _____
SID#: _____
Date Disbursement Mailed: _____

In the event you are unable to transfer during the 2018-19 school year, please contact the AVC Foundation Office at (661) 722-6300, Extension 6996. 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, 2019 and do not maintain the eligibility criteria, I will forfeit the scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_