



**AVC Foundation
TRANSFERRING SCHOLARSHIP FORM 2020-2021**

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 university in 2020-2021.

Institution Name: _____
Date of Enrollment: _____
<i>Award(s) will be sent to the above four-year 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: _____

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 institution stated above. I agree to observe the rules and regulations governing all Antelope Valley College scholarships. If I do not enroll in courses in the academic year following the scholarship award by June 30, 2021 and do not maintain the eligibility criteria, I will forfeit the scholarship.

Signature: _____ **Date:** _____