



## AVC FOUNDATION TRANSFERRING SCHOLARSHIP FORM 2021-2022

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

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

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

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

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

### TO RECEIVE YOUR SCHOLARSHIP FUNDS

Awards will be sent to the following four-year university for the 2021-2022 academic year.

Institution Name: _____
Mailing Address*: _____
City: _____ State: _____ Zip Code: _____
<i>*Please check with the Financial Aid Office at your institution for the correct mailing address where outside scholarships will be accepted.</i>
<b><i>(Optional) - If allowed by your institution, which term would you like your scholarship applied to? (i.e. fall, spring, first quarter, etc.)</i></b> _____

<p><b><i>Proof of Enrollment Required: Copy of class schedule AND university student ID.</i></b>  <i>Please submit transferring scholarship form AND proof of enrollment to the            AVC Foundation Office (Administration Building) OR            Foundationscholarships@avc.edu *all documents must be submitted as a PDF*</i></p>
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#### **Scholarship Recipient Agreement**

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, 2022 and do not maintain the eligibility criteria, I will forfeit the scholarship.

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

<b>For Office Use Only:</b>	
Date Form Received: _____	Funding Source: _____
SID#: _____	Check # and Date: _____
Scholarship Amount: _____	Date Mailed: _____
<input type="checkbox"/> Verified Address	