

AVC FOUNDATION TRANSFERRING SCHOLARSHIP FORM 2022-2023

Name:	AVC Student ID:
Address:	
	State: Zip Code:
Home Phone:	
	IVE YOUR SCHOLARSHIP FUNDS ving four-year university for the 2022-2023 academic year.
Institution Name:	
City:	
*Please check with the Financi	al Aid Office at your institution for the correct mailing address
	outside scholarships will be accepted. Institution, which term would your scholarship applied to? (ie.
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
run, spring, jiist quarter, etc.,	
	ired: Copy of class schedule AND university student ID.
Please submit transferring scholarship form AND proof of enrollment to the	
	dation Office (Administration Building) OR @avc.edu *all documents must be submitted as a PDF*
Foundationscholarshipse	عماد.edu an documents must be submitted as a العا
S	Scholarship Recipient Agreement
the institution stated above. I agree College scholarships. If I do not enro	telope Valley College Foundation to release my scholarship funds to to observe the rules and regulations governing all Antelope Valley oll in courses in the academic year following the scholarship award by the eligibility criteria, I will forfeit the scholarship.
	Date:
For Office Use Only	
Date Form Received:	Date Mailed:
Cabalarahin Amazunta	