



## AVC FOUNDATION TRANSFERRING SCHOLARSHIP FORM 2023-2024

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

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

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

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

Phone Number: \_\_\_\_\_

### TO RECEIVE YOUR SCHOLARSHIP FUNDS

Awards will be sent to the following four-year university for the 2023-2024 academic year.

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

**Proof of Enrollment Required: Copy of class schedule AND university student ID.**  
 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\***

### 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 April 30, 2024 and do not maintain the eligibility criteria, I will forfeit the scholarship.

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

<i>For Office Use Only</i>	
Date Received: _____/_____/_____	Total Amount of All Scholarships: _____
Scholarship 1 Fund: _____	Scholarship 1 Amount: _____
Scholarship 2 Fund: _____	Scholarship 2 Amount: _____
Scholarship 3 Fund: _____	Scholarship 3 Amount: _____
Notes: _____	