



Scholarship Transfer Request Form 2024-2025

Return to: **Selissa Vang**
svang@msjc.edu

Name of Applicant (please print clearly)
Date of Request _____
Last _____
First _____
MSJC Student ID Number: _____

Fill out the request form and attach proof of your enrollment to the college that you will be attending.

1. Brief Statement requesting that your scholarship(s) be transferred: _____

2. Name of College, Address, and Office or Person that your scholarship(s) will need to be sent to:

3. College Student ID: _____

I certify, under penalty of perjury, that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, and/or repayment.

Signature: _____ Date: _____
(Applicant Signature)

For Office Use Only

Action:	<input type="checkbox"/>	Approved
	<input type="checkbox"/>	Pending: More information is needed to grant your request.
	<input type="checkbox"/>	Denied: Your request has been denied for the reason listed below.
Reason:	_____	
X	Date: _____	