



## Scholarship Transfer Request Form 2019-2020

**Return to:** MSJC Financial Aid Office  
1499 N. State Street  
San Jacinto, Ca. 92583

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

<b>Action:</b>	<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.
<b>Reason:</b> _____	
<b>X</b> _____	<b>Date:</b> _____