



Scholarship Transfer Request Form 2025-2026

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, Mailing Address, Email 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:	☐	Approved
	☐	Pending: More information is needed to grant your request.
	☐	Denied: Your request has been denied for the reason listed below.
Reason: _____		
Authorized Signature: _____ Date: _____		