

**Palomar College**  
**Financial Aid, Veterans & Scholarships Office**

***Dear Scholarship Transfer Recipient,***

***Congratulations!***

***Your scholarship award to transfer/attend a 4-year university the coming semester or school year is a significant accomplishment.***

***Please complete the form on the reverse side to expedite your scholarship benefits.***

**Outside scholarships**

***(Scholarships not awarded by Palomar College Foundation)***

***Attach a copy of the award letter, be sure it identifies:***

- *The donor or organization name*
- *Contact person and*
- *Phone number.*

**Palomar College Foundation Scholarships**

***1<sup>st</sup> Disbursement at the University***

- *Attach proof of enrollment (i.e., courses enrolled for the semester) from the university you are enrolled in.*

***To receive continuing disbursement of your awards after the first semester you must***

- *Attach proof of enrollment (i.e., courses enrolled for the semester) and*
- *Attach proof of grades earned for courses completed.*

***If you have questions or need assistance, contact [khartwell@palomar.edu](mailto:khartwell@palomar.edu)  
or call (760) 744-1150 ext. 2664***

***Request Form and Documents to be mailed to: Foundation Office,  
Attn: Kim Hartwell, Palomar College, 1140 W. Mission Road, San  
Marcos, CA 92069***

**Complete the form on the reverse side**

Student Name: \_\_\_\_\_  
Last First Middle

Student University ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

**2008-2009**  
**Palomar College Scholarship**  
**Disbursement Request Form – 4 year University Enrollment**

Mail Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_ City State Zip

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Area Code Number Area Code Number

**Note:** We will update your Mail address with the information above.

**Checks will be mailed to the Financial Aid or Scholarships Office at the university you are enrolled in.**

**Name of Scholarship(s):** Attach copy of your scholarship award letter and proof of enrollment. Grade report is required for semesters after the first semester at the university. **Do not leave this blank.**

<u>Name of Scholarship</u>	<u>Contact Person</u>	<u>Contact Phone #</u>
_____	_____	_____
_____	_____	_____

**Student Certification**

I understand that my scholarship award may have restrictions placed by the donor regarding type of educational expenses covered and how funds can be disbursed to pay for expenses. I understand that my request cannot be authorized until the scholarship funds have been received by the College. I authorize the College to release enrollment, academic and budget information to the donor if required. **Finally, I understand that if I become ineligible for the scholarship or funds are not received, any debt owed to the college is my personal liability.**

\_\_\_\_\_  
Student Signature Date

**Submit the completed form to**  
**Foundation Office, Attn: Kim Hartwell, Palomar College, 1140 W. Mission Road, San Marcos, CA 92069**