

# **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**

*1st 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 [lmoynan@palomar.edu](mailto:lmoynan@palomar.edu) or call (760) 744-1150 ext. 2732*

**Request Form and Documents to be mailed to:**

**Foundation Office  
Attn: Linda Moynan  
Palomar College  
1140 West Mission Rd  
San Marcos, CA 92069**

**Or via email: [lmoynan@palomar.edu](mailto:lmoynan@palomar.edu)**

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

Student University ID \_\_\_\_\_ Name of University \_\_\_\_\_

**2023-2024**  
**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

**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.**

Name of Scholarship  
\_\_\_\_\_  
\_\_\_\_\_

## 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: Linda Moynan**  
**Palomar College**  
**1140 W. Mission Road**  
**San Marcos, CA 92069**  
**Or via email: [lmoynan@palomar.edu](mailto:lmoynan@palomar.edu)**