

Dear Transferring Scholarship Recipient:

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!!!

- You must contact the Bursar or Student Development Office at your transfer institution to **identify the exact address where scholarship funds should be sent.**
- We **must** receive the following information no later than **June 28, 2014** or your scholarship funds cannot be credited to your account at your transfer institution.

Please complete and mail this form to: **Ulster Community College Foundation, Inc.**
PO Box 557
Stone Ridge, NY 12484

If you have any questions, please call the Foundation Office at (845) 687-5293.

SCHOLARSHIP RECIPIENT NAME: _____

MAILING ADDRESS: _____

DAYTIME TELEPHONE #: (____)____ - _____ E-mail: _____ @ _____

SOCIAL SECURITY NUMBER*: _____ - _____ - _____ (*The transfer institution will need your SS# to identify you. SUNY Ulster U00 numbers will not be valid. If the four year school you will be attending has assigned you a student ID number then you may use that instead of your Social Security Number.)

AWARD NAME(S) and AMOUNT: _____ \$ _____

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AWARD NAME(S) and AMOUNT: _____ \$ _____

COLLEGE/UNIVERSITY NAME: _____

STREET/MAILING ADDRESS: _____

CITY _____ STATE ____ ZIP CODE _____ - _____

PHONE #: (____)____ - _____ CONTACT NAME: _____

TITLE OF CONTACT OR DEPARTMENT NAME: _____

STUDENT SIGNATURE: _____ DATE: _____

Thank you.