



**REV. DR. AMBROSE M. PERRY EDUCATION FUND  
Notification of Student School Transfer/Withdrawal**

This form is to be completed by any student that received the Rev. Dr. Ambrose M. Perry Financial Scholarship and has withdrawn from school before the completion of the school quarter or semester for which the scholarship was issued.

Directions for completing the form:

1. Print or type the information.
2. Return the completed form to the Education Fund Chairperson.

**STUDENT INFORMATION**

Name: \_\_\_\_\_

Current School Name: \_\_\_\_\_

Do you plan to re-apply to this school: Yes \_\_\_ No \_\_\_

Do you plan to re-apply to another school: Yes \_\_\_ No \_\_\_

Anticipated Date: \_\_\_\_\_

New School Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Note: Please provide proof of withdrawal from the school's admission office.

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