



**SAN DIEGO COUNTY COMMUNITY COLLEGE**

**Transfer Student Scholarship Award**

**Scholarship Benefits:**

- 1. \$500 tuition scholarship to be applied toward the cost of the first course in the Bachelor of Science in Organizational Leadership (BSOL) Program - *\$500 tuition scholarship*
- 2. Tuition waived for the final course in the program (3 units) - *\$1,395 tuition scholarship*
- 3. Application fee waived - *\$25 scholarship*

This scholarship award is intended for students who are enrolling in the Bachelor of Science in Organizational Leadership Program at Azusa Pacific University's *San Diego Regional Center*.

**To be eligible for this award, students must meet the following qualifications:**

- Be in good academic standing at their community college at the time of application to Azusa Pacific University.
- Complete their last semester of college at a San Diego County community college within 12 months of applying to APU.
- Meet the eligibility requirements for the Bachelor of Science in Organizational Leadership Program, which includes a 2.0 GPA in transferable units.

**Application Procedure:**

- Complete this application form along with the Azusa Pacific University enrollment form and submit to a San Diego Regional Center program representative.
- Have this form signed by the transfer director or assistant director of your community college to verify that you have been enrolled within the last 12 months.
- Enroll at APU within 12 months of submitting the original award application.

**NOTE:** For additional details regarding the Bachelor of Science in Organizational Leadership (BSOL) Program, please contact Program Representative Dave Bibel at (619) 718-9655 or [dbibel@apu.edu](mailto:dbibel@apu.edu).

**San Diego County Community College Transfer Student Scholarship Award Form**  
**BACHELOR OF SCIENCE IN ORGANIZATIONAL LEADERSHIP (BSOL)**

Student Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Student Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

San Diego County Community College \_\_\_\_\_ Date Last Attended \_\_\_\_\_

X \_\_\_\_\_  
Student Signature

I certify that the above mentioned student's last date of attendance at \_\_\_\_\_ Community College is/was \_\_\_\_\_

Signature of Community College Transfer Director or Assistant Director X \_\_\_\_\_