



200 West Oak El Dorado, AR 71730 870-864-5046

Scholarship Transfer Form

This is notification that I am transferring to a different educational institution.

Student Name: _____ **Date:** _____

Social Security Number: _____

Address: _____

City / State / ZIP: _____

Phone Number: _____ **Alternate Phone #:** _____

E-mail Address: _____

EHS Graduation Date: ____/____/____
(mm/yyyy)

Original College/University: _____

School I am transferring to: _____

Transfer effective date: ____/____/____
(mm/yyyy)

Submit this completed form to the El Dorado Promise Program Administrator at:

El Dorado Promise Office

200 West Oak

El Dorado, AR 71730

870-864-5046