



Request for Scholarship Transfer

I certify that _____ will not be returning to _____
Student Name *School Name*

for the remainder of the 2026-2027 school year. This exit is valid as of _____.
Date

Parent Name

Parent Signature

Date

The scholarship award is attached to the student. The unused funds will be prorated and returned to Renaissance Scholarships. Please complete the portion below if you want the remaining scholarship balance to be considered for another private school. Renaissance Scholarships will review your case, and you will receive a determination letter within 1-week of submitting the form. There is no guarantee the scholarship balance will be awarded to the new school. If your school change is accepted, there is no guarantee the scholarship will be awarded to the new school in subsequent years.

New School

Tuition

School Administrator/ Admission

School Phone Number