

**Virginia Child Care Provider Scholarship Program (VCCPSP)**  
**SCHOLARSHIP CHANGE OR DROP REQUEST FORM**

Students may request to **CHANGE** an **APPROVED COURSE** awarded scholarship funds or **DROP** a **SCHOLARSHIP** for a course awarded scholarship funds. It is the responsibility of the student to know the add/drop deadline for the school where they are enrolled in order to make this change by the academic deadline. Failure to notify VCCPSP by the add/drop deadline could result in the forfeiture of scholarships through this program.

Students will need to complete this form when:

- the course for which the scholarship was awarded needs to be CHANGED to another APPROVED COURSE  
- OR -
- the scholarship that was awarded for a course needs to be DROPPED without changing to another course.

**STUDENT INFORMATION**

First Name		Last Name	
Student ID Number	Last 5 digits of Social Security #	Date of Birth	
Name of College or University		Semester/Year	

**In the section(s) below**, please provide the current and new course number (if applicable), course name, and the reason for the request. Please ONLY INCLUDE INFORMATION for COURSES for which scholarship awards need to be CHANGED or DROPPED.

Current Course Number	Course Name
New Course Number	New Course Name (N/A if no new course will be selected)
<b>Please Indicate Change Needed</b> (re: Change Course, Drop Scholarship) Please NOTE: This section must be completed.	

**COURSE 2 INFORMATION, if applicable**

Current Course Number	Course Name
New Course Number	New Course Name (N/A if no new course will be selected)
<b>Please Indicate Change Needed</b> (re: Change Course, Drop Scholarship) Please NOTE: This section must be completed.	

Signature \_\_\_\_\_

Date \_\_\_\_\_