## SCHOLARSHIP STATEMENT OF FINANCIAL SUPPORT

Have your scholarship organization (if applicable) complete this form and mail it to the Office of Admissions as soon as possible so that we may proceed with the processing of your application. If you are receiving more than one scholarship please make photocopies of this form to distribute to each additional organization.

Please print or type

Application for term beginning: Augus	t 20	
Scholarship name		
Mailing address		
Telephone ( )	Fax number ( )	
This is to certify that our organization is will	ling to provide financial support for	
	Student's family/surname	First
for the annual amount of \$ U.S. do	during the course of his/her enrollment at Taylor University.	
have included the following documentary  Certificate of award	evidence of the scholarship organization:	
<ul><li>Letter from organization</li></ul>		
☐ Scholarship criteria		
	AFFIRMATION OF SUPPORT	
I hereby affirm or swear that the information	n provided is accurate and complete, and that the funds have been awarded to:	
Student's family/surname		
Signature of Scholarship Director		Date
Signature of Notary Public with Seal or Em	bassy Official	Date

## TAYLOR UNIVERSITY.

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