



*Optional*

# 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: <input type="checkbox"/> Fall (Sept) Year _____ <input type="checkbox"/> Interterm (Jan) Year _____ <input type="checkbox"/> Spring (Feb) Year _____
Scholarship name _____
Mailing address _____
Telephone ( ) _____ Fax number ( ) _____
E-mail address _____

This is to certify that our organization is willing to provide financial support for \_\_\_\_\_  
Student's first (given) name Family/surname  
for the annual amount of \$ \_\_\_\_\_ during the course of his/her enrollment at Taylor University.  
U.S. dollars

I have included the following documentary evidence of the scholarship organization:

- Certificate of award
- Letter from organization
- Scholarship criteria

### **AFFIRMATION OF SUPPORT**

I hereby affirm or swear that the information 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 Embassy Official

\_\_\_\_\_  
Date

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