



Please Return To:
 Johnson University Florida
 Financial Aid Office
 1011 Bill Beck Blvd
 Kissimmee, FL 34744
FinancialAidFL@JohnsonU.edu
 Office: 407-569-1353/Fax: 321-206-2007

Organizational Support

Organization Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email: _____

Please list student's name(s), select the amount you will be sending and the frequency you will be sending it (i.e. \$250 per month, \$500 per semester, \$1,000 per year, etc.), then mark when we should expect a check. If we are invoicing you, please leave the Estimated Arrival section blank and select the invoice box below. **Please make all checks payable to Johnson University.**

Student Name(s)	Student ID #	Amount	Frequency <small>(Please circle one)</small>	Estimated Arrival of Support
		\$	Per Month	Day of the Month: _____
		\$		or
		\$	Per Semester	Fall –
		\$		Spring –
		\$	Per Year	Summer-
		\$		

Instructions to the College

- Full-time enrollment only
- Cumulative GPA 2.0 or above required
- Organization will automatically send check
- Please send an invoice each semester to the organization representative listed below
- Other: _____

Invoices will be sent shortly after add/drop. Please specify if you would like an invoice to be sent at another time.

Organization Representative Signature: _____

Organization Representative Name: _____