



Please Return To:
 Johnson University Tennessee
 Financial Aid Office
 7900 Johnson Drive
 Knoxville, TN 37998

FinancialAidTN@JohnsonU.edu
 Office: 865-251-2103/Fax: 865-251-3333

**Organizational Support
 2019-2020**

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. **Please make all checks payable to Johnson University.**

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

Instructions to the College

- Full-time enrollment only
- Cumulative GPA 2.0 or above required
- Other: _____

Organization Representative Signature: _____

Organization Representative Name: _____