



FREED-HARDEMAN
UNIVERSITY

158 East Main Street Henderson, TN 38340

Fax: 731-989-6775

Phone: 731-989-6008

Email: finaid@fhu.edu

Authorization of Planned Church Support

Student Name: _____
Last First Middle Initial

Last 4 digits of the student's Social Security Number: _____

Church: _____

Church Address: _____

Person of contact at church: _____

Church phone number: _____ **or** _____

Planned amount to be sent by the 20th of each month of the current award year:

20__ August	\$_____	20__ February	\$_____
20__ September	\$_____	20__ March	\$_____
20__ October	\$_____	20__ April	\$_____
20__ November	\$_____	20__ May	\$_____
20__ December	\$_____	20__ June	\$_____
20__ January	\$_____	20__ July	\$_____

We agree to send these amounts for this student's account by the above mentioned dates.

Signature of church official

Date