



Tuition Reimbursement Private Scholarship Acknowledgement

Student Financial Services

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Papillion, NE 68046
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402-935-9416

A CAMPUS OF HOPE INTERNATIONAL UNIVERSITY

Student Section:

ID# _____

I, _____, will be receiving a private scholarship from _____
_____ in the annual amount of \$ _____.

In order for me to receive this private scholarship:

The student must: _____

The school must: _____

I understand the collecting of these funds is ultimately my responsibility. If payment is not received from the private institution, by September 2, 2020, for the Fall Semester and February 3, 2021, for the Spring Semester. I will send payment for the amount due.

I understand if payment is not received; I may be unable to continue in my current courses, register for future courses, obtain an official transcript, graduate, and/or live in campus housing.

Student's Signature

Date

Scholarship Donor/Organization Section:

Name: _____

Address: _____

Phone Number: _____ Contact Person: _____

We promise to scholarship the above named student in the amount of \$ _____ per semester year (check one).

We promise to complete the payment of all funds by September 2, 2020, for the Fall Semester and February 3, 2021, for the Spring Semester.

We promise, if there is a change in the amount of the scholarship we will immediately notify the school in writing.

The only stipulation(s) we have regarding this scholarship is: _____

Certifying Official for the Private Institution

Date

Please Note: No bills will be sent.

This document must be returned to the Student Financial Services Office before the funds will be added to your Award Letter and credited on your fee schedule. No refunds will be issued on these funds until the monies have been received by the institution and have been posted to the student's account. (Please do not send funds intending the University to release them for books or personal living expenses. Please send those funds directly to the students.)