



FLORIDA CHRISTIAN COLLEGE

Financial Aid Office ♦ 1011 Bill Beck Boulevard ♦ Kissimmee ♦ Florida ♦ 34744

CHURCH SUPPORT 2009-2010

Congregation: _____

Attention: _____

Mailing Address: _____

City/State/Zip: _____

Student's Name	Amount	Frequency	Check Payable To	Estimated Date
	\$	Monthly or Each Semester	Florida Christian College or The Student	Day of the Month –
	\$			Fall –
	\$			Spring –
	\$			
	\$			
	\$			

Any Special Instructions to the College?

- Full-time enrollment only
 - No private music tuition or fees
 - Cumulative GPA 2.0 or above required
 - Please send an "Invoice" each semester to the church representative listed above.
- Other: _____

Church-Authorized Signature: _____ **Date:** _____