

FAMILY CONTRIBUTION (please provide documentary evidence of commitment)

Name	Relation	Total Contribution

AWARD (please provide award offer letter or letter of commitment from donor)

Name of Award	Donor	Value \$	Duration

OTHER (please state how fees will be paid)

I, _____ WILL PAY REQUIRED FEES TO LINCOLN COLLEGE AS REQUIRED BY ITS REGULATIONS. I AM AWARE THAT LINCOLN COLLEGE RESERVES THE RIGHT TO CANCEL ITS OFFER OF ACCEPTANCE AND REGISTRATION IF I DO NOT MEET MY FINANCIAL OBLIGATIONS WITHIN THE AGREED PERIOD.

SIGNATURE: _____ DATE: _____