



CHAPMAN
UNIVERSITY

Financial Sponsor Information

Applicant Family Name: _____ Applicant First Name: _____

THIS MUST BE COMPLETED BY ANY PERSONS LISTED AS "FAMILY" OR "OTHER" SPONSOR

Name of Sponsor (print): _____

Relationship to Applicant: _____

Address of Sponsor: _____

Street

City

State/Province

Country

Postal Code

As the sponsor of _____ I intend to support them for full-time
Name of Applicant
study for the duration of their degree program at Chapman University.

Signature of Sponsor: _____ Date: _____