

Application for Calvin University Tuition Gift Certificates

□ I/we hereby apply forunit	s of Calvin University tuition as described in the Calvin Un	iversity Tuition Gift Certificate brochur
\Box I/we hereby request tuition un	ts for the following students(s):	
Number	Full Name of Student (please print)	Date of Birth
units for		
units for		
units for		
total units		
payable to Calvin University for t	h (one) unit is valued at \$, and I/we hereby e he total cost of the units shown above. I/we reserve the righ nust notify the Calvin Financial Services Office, and they wil Printed name(s)	t to change the foregoing student
Dated:	Your address	
	Daytime phone	
(Certifica	tes will be mailed to your address unless specified different	ly in a cover letter.)
this certificate shall expire at his/ this certificate shall be valid for se benefit shall accrue to the Calvin	med beneficiary has not reached his/her 18th birthday at t her 25th birthday. If the named beneficiary has reached his, ven years only beyond the date of issue. If a certificate expir Jniversity Scholarship Fund.	/her 18th birthday at date of issue, res without reassignment, the
	onal Appointment of Person(s) with the Powe	
	an Alternate Student Beneficiary	
□ I/we hereby appoint		
□ Unconditionally	(Name of Person or Persons and A	ddress)
named person(s) also has the righ	exercise the power because of	ion in his/her place or stead. Il be voided and a new one
Dated:		