

Frank C. Nicholas Scholarship Fund

Student Name:	Lehigh Identification Number (LIN):				
Email Address:	Date of Birth:	Academic Year:			
make it possible for talent their concern that funding	ed students, with financia for future generations of ents develop a sense of ol	n of the ongoing need for financial aid to I need, to receive a Lehigh education. It is students will not be adequate unless the oligation to help provide, for the future,			
	· ·	cludes, as a condition for receiving this mount equal to, or greater, than any			
		ents will also have assumed educational making a contribution to the fund.			
With this background in mexpression of your intention		sign the following statement as an			
	Statement of	Intent			
needing financial assistant for the Frank C. Nicholas S	ce, I hereby pledge that it i cholarship Fund, an amou r my education. It is my ir	to provide for other, future students is my intention to give to Lehigh Universition to equal to the amount(s) which I have stent to complete such contributions with my education.			
I understand that this is a	debt of conscience and no	ot a legal obligation.			
AMOUNT:	(from your Financial Aid Aw	ard Notification)			
STUDENT'S SIGNATURE:		DATE:			

Please submit to Lehigh University's Office of Financial Aid via the <u>Financial Aid Documentation Upload Center</u>, by mail, or by fax (610)758-6211. You may also contact our office at (610)758-3181 or <u>financialaid@lehigh.edu</u>