

# MEMORIZATION AFFIDAVIT

Please put a checkmark by the type of scholarship to which this Affidavit applies.

Full Scholarship       Family Scholarship       Limited Scholarship (FREE)

I, \_\_\_\_\_ have recited from memory **The TEN COMMANDMENTS**  
*Print Child's Name*

before \_\_\_\_\_ on \_\_\_\_\_ .  
*Print Name of Authorized Witness<sup>1</sup> (No Relatives)*      *Date*

\_\_\_\_\_  
*Signature of Child*      *Child's Age<sup>2</sup>*

\_\_\_\_\_  
*Child's Home Address (Print)*

\_\_\_\_\_  
*City*      *State*      *Zip*

\_\_\_\_\_  
*Phone Number with Area Code*      *Email Address<sup>3</sup>*

I, \_\_\_\_\_ have witnessed the reciting from memory of **The TEN**  
*Print Authorized Witness' Name*

**COMMANDMENTS** by \_\_\_\_\_ on \_\_\_\_\_ .  
*Name of Child*      *Date*

\_\_\_\_\_  
*Signature of Authorized Witness*      *Authorized Title*

\_\_\_\_\_  
*Authorized Witness' Address (Print)*

\_\_\_\_\_  
*City*      *State*      *Zip*

\_\_\_\_\_  
*Phone Number with Area Code*      *Email Address<sup>3</sup>*

<sup>1</sup> Qualified Authorized Witnesses: Pastor, Priest, Rabbi, Church School Teacher, Public or Private School Teacher, Youth Leader, Elected Government Official, a Qualified Candidate for Public Office or a Person Authorized by the TCP Staff. Relatives DO NOT QUALIFY as Authorized Witnesses.

<sup>2</sup> The Child must be 16 years old or younger

<sup>3</sup> Email addresses are held in strict confidence and are never given to any other organization. The address is only used by TCP to send newsletters and/or special notices.

To receive the earned encouragement reward, complete this form and mail to:  
**The TEN COMMANDMENTS PROJECT, 2200 Lebanon Road, Nashville, Tennessee 37214.**

For additional copies of this Memorization Affidavit, you are encouraged to duplicate this form.



2200 Lebanon Road  
Nashville, TN 37214