



Financial Support Agreement

Name of Student: _____

Proposed Term of Support: (check as many as apply)

College Semesters: Fall 20__ Spring 20__ 20__ - 20__ School Year

Circle which is applicable: **Sponsor** **Guardian** **Parent** **Spouse** **Self**

Name of Sponsor/Parent/Guardian/Self: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Best time to call: AM PM

Relationship to Student: _____

Terms of Financial Support:

The following assistance is being pledged in support of the above named student and is part of the financial support plan presented. I realize that the support outlined below will be used, in part, to determine the applicant's acceptance into Weimar Institute.

Please specify the amount and timing of your financial assistance.

\$ _____/Monthly for _____ Months By: 1st 10th 15th 30th

\$ _____/By Semester By: 1st Month 2nd Month 3rd Month 4th Month

\$ _____/Yearly By: Advance payment

If you have any questions, please contact the Director of Admissions at 530-422-7923.

Signature of Sponsor/Parent/Guardian/Spouse/Self

Date

Comments: _____

Please return this form along with your completed application to:

Weimar Institute
Attn. Director of Admissions
P.O. Box 486
Weimar, CA 95736
Fax: (530) 422-7949
Email: admissions@weimar.edu