

Worthy Student Fund Support Agreement

I support worthy students at Weimar College!



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

College Semesters: Fall Spring

Name of Sponsor: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () — Best time to call: AM PM

Terms of Financial Support:

The following assistance is being pledged in support of the Worthy Student Fund.

Please specify the amount and timing of your financial assistance.

- /Monthly By: 1st 10th 15th 30th
- /Semester By: 1st Month 2nd Month
- /Yearly By: Advance payment Other
- /One-time Payment

If you have any questions, please contact Student Finance at the Weimar Center of Health and Education Business office: (530) 422-7920, or 7913 or (530) 637-4111, extension 7920, or 7913.

Sponsor's Signature _____ Date _____

Comments:

Please return this form to:

Weimar College
P.O. Box 486
Weimar, CA 95736
Fax: (530) 422-7949

Please note: This form is to be used to those wishing to contribute to the **Worthy Student Fund**, not towards individual students. If you would like to make a payment towards the account of a particular student, please use the Tuition Payment form available at: <http://www.weimar.edu/uploads/documents/tuitionpay.pdf>