

Parent/Guardian Financial Support Agreement

Name of Student: _____

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

College Semesters: Fall Spring Fall & Spring

Name of Parent/Guardian: _____

Social Security Number: _____ 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. We realize that the support outlined below will be used in part to determine the applicant's acceptance into Weimar College.

Please specify the amount and timing of your financial assistance.

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

\$ _____/Yearly By: Advance payment

If you have any questions, please contact Student Finance at the Business office. You may reach the office by calling (530) 422-7920 or by calling (530) 637-4111 and asking for extension 7920.

Parent's/Guardian's Signature

Date

Comments: _____

Please return this form along with your completed application to:

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