



## 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:  1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>  30<sup>th</sup>

\$ \_\_\_\_\_/By Semester By:  1<sup>st</sup> Month  2<sup>nd</sup> Month  3<sup>rd</sup> Month  4<sup>th</sup> 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](mailto:admissions@weimar.edu)