



**Weimar  
University**

***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**

Name of Sponsor/Parent/Guardian: \_\_\_\_\_

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 University.

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: [ ] Advanced payment

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

\_\_\_\_\_  
*Signature of Sponsor/Parent/Guardian/Spouse*

\_\_\_\_\_  
*Date*

Comments: \_\_\_\_\_

\_\_\_\_\_

Please return this form along with your completed application to:

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