

LETTER OF FINANCIAL SUPPORT

I, _____ as the _____ of _____
(Your Full Name) (Relationship: Father, Mother, Guardian, Sponsor) (Student's Full Name)

hereby agree to provide financial support sufficient to cover the full program tuition amount and living expenses estimated at US\$_____ as well as any other unforeseen expenses which may be

incurred during his/her program at CALIFORNIA COLLEGE OF MUSIC from _____ to _____
(Program Start Date) (Scheduled End Date)

Sincerely,

Signature

Date

Permanent Address

Email Address

Phone Number