

AFFIDAVIT OF SUPPORT

This form must be filled out completely and returned with an Original Bank Letter to: Admissions, San Francisco Film School 155 Sansome Street 2nd Floor San Francisco, CA 94104.

If you have any questions, please contact us at Phone: 415-824-7000 Fax: 415-824-7007 admissions@sanfranciscofilmschool.edu

STUDENT'S INFORMATION (st	udent must fill out this	section):		
Start Term (check one): Sprin	ng □ Fall; Year I've	Applied For: _		
□ I am a new student □ I am a	a returning student			
Program I've applied for (check	(one):			
☐ ASSOCIATE OF APPLIED SO	CIENCE - PROFES	SIONAL CERT	IFICATE	
Email:	Family/Last N	ame:		
First Name				
Date of Birth (mm/dd/yy):				
Country of Birth:0	-		_	
Permanent/Foreign Address:				_
Phone:				
Address in the U.S.(if any):				_
Zip Code: Phone:		_Cell phone:		
I agree to financially support the stude bank letter is enclosed with this form. Parent Name:				e official
Sponsor's Name:	Signature:	D	ate:	
CERTIFIED BY BANK (Optional): Student is not required to have this s letter.		ed by the bank if	already submitting the offic	ial bank
Amount in Bank Account in US Dolla				
Title:	Signature o	f Bank Official: _		
Official banks' seal or stamp here \longrightarrow				
I certify that all the above informat and is capable of supporting and f				e school
Student's Signature:		Date:		