

BREWSTER ACADEMY

80 Academy Drive Wolfeboro, NH 03894 Phone: 603-569-1600

FINANCIAL SUPPORT STATEMENT

(completed by financially responsible party)

***THIS FORM must be submitted with original signatures - no scans or faxes, please. ***

рсеве рп	int student name exactly as it appears on passport
Date of Birth: (month/d	
expenses for the above na Academy. I have submitte to demonstrate my financ scanned and sent via emai - Bank account sta	nise to provide the required tuition and associated fees, living and travel med student to meet his/her annual expenses while attending Brewster of the required financial evidence in the form of one of the items listed below ial ability to cover one year of expenses: [note: documentation may be l or fax] tements, in English, that indicate three months of income (most common) rom a sponsor (in English)
	ment verification from employer (in English) ers (in English)
	rty:
Financially Responsible Pa	please print
Financially Responsible Pa	
	Date:
	Date:

spc/2019