



**CALIFORNIA VICTORUNIVERSITY**  
708 W. Holt Ave., Pomona, CA91768 / Tel(909)671-4038  
E-mail: info@cvu.edu / www.cvu.edu

## Statement of Financial Support

To: \_\_\_\_\_ California Victor University \_\_\_\_\_.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

By signing this certificate of the support, I promise to be financially responsible for the above Student of tuition, living expenses, and other relevant expenses. If you have any information or any assistance you may need, please contact me.

I promise to support the above student with the amount of \_\_\_\_\_ per month for \_\_\_\_\_ years.

Supporter Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_