



**california  
college of  
music**

42 s. catalina ave.  
pasadena, ca 91106  
tel 626.577.1751  
fax 626.577.1765  
[www.ccmcollege.com](http://www.ccmcollege.com)

**LETTER OF FINANCIAL SUPPORT**

I, \_\_\_\_\_ as the \_\_\_\_\_ of  
(Your Full Name) (Relationship: Father, Mother, Guardian, Sponsor)

\_\_\_\_\_ hereby agree to provide financial support sufficient to cover  
(Student's Full Name)

the full program tuition amount and living expenses of US\$ \_\_\_\_\_ as well as living 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

\_\_\_\_\_  
Address