San Francis	co School of Digita	al Filmmaking	
San rancis	See Sensor of Digita	ar i mininaking	
			SFSDF
San F	rancisco Sch	ool of Digita	
	AFFIDAV	IT OF SUPPO	DRT
This form	n must be filled out comple		
AEE Concomo Cá	Adm	nissions, SFSDF	. If you have any questions, please
155 Sansome St cor	reet 2 Floor San F itact us at Phone: 415-8	324-7000 Fax: 415-8	24-7007 Email:
		sions@filmschoolsf.	
STUDENT'S INF	ORMATION (Student	must fill out this section):	
	One): Spring Fall Year:		
	nt. I am a returning st	udent	
I've applied for: CE	RTIFICATE		
Family/Last Name:			
First Name			
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Self-sponsored	SUPPORT (Student is a	anowed to have more that	in one sponsor).
	nt, Foundations (Enclose y	your award letter with this	s form)
Lagree to financially	support student's entire co	urse of study at the SE S	School of Digital Filmmaking and the
	enclosed with this form.		
Darant Nama:		Signatura	N. Data:
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CERTIFIED BY I		d out and signed by the h	oank if already submitting the official
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	ount in US Dollars:		
Name and Title:			
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	chool and is capable		financing my school and
required by the s living expenses f	chool and is capable or my study.	of supporting and i	

Official banks' seal or stamp here \rightarrow