



**Wescom UCLA Student
Declaration of Parental Financial Support**

To Whom It May Concern,

I, _____, do provide this letter as evidence of
(full name of parent/guardian providing financial support)

financial support for my **(circle one)** son/daughter/dependent,

_____, during his/her study at the
(Student's FULL name)

University of California, Los Angeles (UCLA) from _____ to _____.
(school start date) (school end date)

I provide _____ a \$ _____ per month
(Student's FULL name) (monthly allowance)

allowance.

By signing below, I certify that the information I have stated in this letter and on any attachments is true and correct, and that any intentional or negligent misrepresentation of this information contained in this letter may result in civil liability and/or in criminal penalties as determined under applicable federal and state laws. Wescom Credit Union may request valid identification or additional documentation from me in order to complete the eligibility review for this credit application.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name