LETTER OF FINANCIAL SUPPORT

Place : Date :	
Name	:
Address	:
Name Place & Date Study Progran Faculty	her/mother/ of the following applicant: : of birth: n : de financial support to the above mentioned applicant up to the completion
of the study. H	Hereby I confirm this statement is made according to the true condition and
to be used app	propriately.
	Sincerely,
	Signature: Legal Seal 10.000 IDR