Hawthorne Academy 100 Old North Branch Road Antrim, NH 03440 T:1-603-588-6800

1-603-933-2566 http://hawthorneacademy.org

Financial Affidavit of Support

Financial Affidavit of Support To be completed by individual providing financial support			
I hereby certify that I am willing, able, and	d committed to p	provide (name o	f student)
	_ a total of US\$		_per year for
tuition,room, and board, fees, and person	al expenses for	each year of stu	udy at
Hawthorne Academy. Documentation of	my financial res	sources is attacl	ned.
Name (printed)			
Signature		Date:	
Relationship to student, (e.g., parent, aun	t/uncle, friend)_		
Address			
Contact information			