



**WVUMedicine.org**

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WVU Medicine  
PO Box 8031  
Morgantown, WV 26506  
855-778-2922

*LETTER OF SUPPORT*

I / We \_\_\_\_\_

Provide: (please check all that apply)

\_\_\_\_ Financial Support

\_\_\_\_ Room and Board

\_\_\_\_ Monthly Needs

\_\_\_\_ Other: \_\_\_\_\_

to \_\_\_\_\_.

I / We understand this does not make me/us responsible for medical bills.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)