

FINANCIAL SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR (Please type or print neatly):

I, Last Name:		First Name:		
residing at, Street and Num	ber:			
City:	State/Province:	Zip/Postal Code:	Country:	
Home Phone:		Cell Phone:		
Email:	Sponsor's R	delationship to Student:		
Execute this affidavit	on behalf of the following p	person:		
Student's Last Name:		First Name:		
Date of Birth:	Sex:	Marital Status:	Citizen of:	
Home Country Address:				
City:	State/Providence:	Zip/Postal Code	Country:	
In support of this affidat	vit, I certify and state:			
I assure Monroe College a United States.	and the United States governmen	nt that the person named in item #	1 will not become a public charge in the	
	cational expenses (including annu		USD towards the student's annual mount) for EVERY YEAR of the student's	
I understand that all payn	nents of tuition are payable in ful	l at the start of each semester.		
That I am employed by:				
Name of Business:	Position/Job Title:			
Street and Number:				
City:	State/Province:	Zip/Postal Code	Country:	
before the student's enrol		ify that the amounts indicated on 1	by a bank official no more than six month my financial statement(s) are solvent and	
I affirm that I know the co	ontents of this affidavit signed by	me and the statements are true as	nd correct.	
Signature of Sponsor:		Date:		