





Section II - Financial Sponsor

Name of Sponsor (in Print)

Name of student (in Print)

Official documentation as presented in the attached documents of bank statements dated within the last 90 days verifying available sufficient funds in your account is attached as a affidavit?

Signature of person providing funds

Date

Relationship to applicant

Name of Witness (in Print)

Person providing funds

Month/Day/Year

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Signature of Witness



Section III - to be completed only if there are dependents

Dependents information

|                                        |                          |                          |                          |                          |
|----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Dependent D1, <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| as Beneficiary on (Asset) account      |                          | Family                   | First                    | Middle                   |
| Month/Day/Year                         |                          | City/Country             |                          |                          |
| Dependent D2, <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| as Beneficiary on (Asset) account      |                          | Family                   | First                    | Middle                   |
| Month/Day/Year                         |                          | City/Country             |                          |                          |
| Dependent D3, <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| as Beneficiary on (Asset) account      |                          | Family                   | First                    | Middle                   |
| Month/Day/Year                         |                          | City/Country             |                          |                          |
| Dependent D4, <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| as Beneficiary on (Asset) account      |                          | Family                   | First                    | Middle                   |
| Month/Day/Year                         |                          | City/Country             |                          |                          |