

AFFIDAVIT OF SUPPORT FORM

ONLY FOR STUDENTS WITH FAMILY FUNDING OR PRIVATE SPONSORSHIP

- Must be completed and signed by account holder of the sponsoring party
- Must be submitted **in addition to** the Bank Statement or letter from account holder's bank
- Must be submitted **no more than 6 months prior to** the of issuance of the I-20 or DS-2019

STUDENT INFORMATION

FAMILY/LAST NAME:		GIVEN/FIRST NAME:		MIDDLE NAME:	
FOREIGN PHYSICAL ADDRESS:		CITY:	STATE:		ZIP CODE:

FAMILY MEMBER/PRIVATE SPONSOR INFORMATION

FAMILY/LAST NAME:		GIVEN/FIRST NAME:		MIDDLE NAME:	
RELATIONSHIP TO APPLICANT:			CITIZENSHIP:		
PHONE NUMBER:			EMAIL:		
FOREIGN PHYSICAL ADDRESS:		CITY:	STATE:		ZIP CODE:

I, _____, hereby declare and promise that I am willing and
Print name of family member/sponsor

able to provide financial support for _____ in the amount
Print full name of student

of _____. This yearly financial support will be used for tuition, fees, room, board, insurance, books, supplies and
\$USD
 personal expenses while the above named student attends the University of Kansas Medical Center in the United States.

I understand that the University will not be able to assist the above mentioned student financially (unless specified otherwise), and I, the undersigned, understand that I am fully responsible and accountable for maintaining the terms and states of this form.

FAMILY MEMBER/PRIVATE SPONSOR SIGNATURE:				DATE:	
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