

# AFFIDAVIT OF SUPPORT

I, the undersigned, swear that I will assume full responsibility for the below named person, for all financial expenses, including living expenses, transportation, tuition, fees and other miscellaneous expenses. I also understand that the bank statement I provide may be verified by Clark University. I give permission to Clark University to verify the funds which may include uploading a copy of statement to the bank for verification.

Student's Name: \_\_\_\_\_  
Last Name/Family Name First Name

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Sponsor's Name: \_\_\_\_\_  
Last Name/Family Name First Name

Relationship: \_\_\_\_\_ Sponsor's Email Address: \_\_\_\_\_

Sponsor's Telephone Number: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_