



Experience Life International, Inc.

# AFFIDAVIT OF SUPPORT

**TYPE OR PRINT CAREFULLY ALL ITEMS:**

This is to certify that I will assume full financial responsibility for the support of (print in space below the student’s full name)

\_\_\_\_\_ during the course of his/her studies in America.

Source of funds per year (write N/A if not applicable):

- Family \$ \_\_\_\_\_
- Your government \$ \_\_\_\_\_ (If yes, include supporting documentation from your government)
- Your own savings \$ \_\_\_\_\_
- Other sponsor \$ \_\_\_\_\_

Your parent(s) and/or sponsor(s) must sign this form. **Your and their signatures must be witnessed by a notary, bank official, or other person who is authorized to administer oaths.** In addition, an original bank statement covering the last six (6) months must be received from your parent/sponsor to prove his/her ability to provide the support being guaranteed. If you are providing some support from personal funds, you must also submit a bank statement of your own account covering the last six (6) months.

Parent/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

If not a parent, then relationship to student applicant: \_\_\_\_\_

**STUDENT CERTIFICATION (must be signed by student):**

I certify that the information given on this form is true and complete to the best of my ability. If my sponsor(s) fail to provide the funds indicated, I acknowledge that the high school or university I attend is under no obligation to support me and that it is probable that I will be unable to continue my education and will be required to return home.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title of Witness to Signatures:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness: \_\_\_\_\_