



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: _____