



UNIVERSITY OF SOUTH ALABAMA
AFIDAVIT OF
FINANCIAL SUPPORT

This form must be submitted as part of the application. Please print or type and fill out this document completely. If more than one sponsor will support the student, a separate form must be completed by each. The supporting bank letter must accompany this affidavit.

TO BE COMPLETED BY STUDENT

Name _____ Date of Birth _____

Name of Sponsor _____

Address of Sponsor _____

TO BE COMPLETED BY SPONSOR

The University of South Alabama estimates the expenses to be not less than \$16,550 U.S. per year (excluding travel). This amount is subject to change without notice.

Name _____

Relationship to Student _____

This is to certify that I am willing and able to maintain and support the above-named student during his/her stay at the University of South Alabama for the amount of \$_____ U.S. per year as shown by the schedule below. I certify that all information on this and the attached documents is true. I understand that this affidavit is a binding document.

(Amounts in U.S. Dollars)

Table with 5 columns: YEAR 1, YEAR 2, YEAR 3, YEAR 4, YEARS BEYOND

(\$16,550 minimum annual expense)

Signature of Sponsor _____ Date _____

EXECUTION OF AFFIDAVIT. The sponsor must sign the affidavit in his or her full, true, and correct name and affirm or attest it under oath. The affidavit may be attested to or affirmed before a notary public or other official authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed.

This document is signed and attested in my presence.

Signature of Witnessing Official _____ Date _____

Title _____

Official Seal
(not valid without stamp or seal)

