

UNIVERSITY OF SOUTH ALABAMA

Affidavit 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 should be completed by each.

TO BE COMPLETED BY STUDENT

Student Name: _____
(Last) (First) (Middle/Maiden)

Date of Birth: _____
Month Day Year

Name of Sponsor _____

Address of Sponsor _____

TO BE COMPLETED BY SPONSOR

The University of South Alabama estimates the expenses to be not less than \$15,525.00 U.S. per year (excluding travel) *This amount is subject to change.

Name of Sponsor _____

Relationship to student _____

I am employed as _____ by _____

and earn an annual income of \$ _____ U.S. dollars (FINANCIAL ABILITY MUST BE VERIFIED BY A FINANCIAL INSTITUTION.)

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. dollars per year.

Signature of Sponsor _____

Date _____

EXECUTION OF AFFIDAVIT. The sponsor must sign the affidavit in his/her full, true, and correct name and affirm it or make it under oath. The affidavit must be sworn to or affirmed before a notary public or other officer 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 sworn and signed in my presence.

Signature of Witnessing Official _____

Title _____ Date _____

Official Seal _____