



AFFIDAVIT OF SUPPORT FORM Graduate Program

Name of Applicant _____
Last (Family Name) First Middle

Nationality _____ Date of Birth _____
Month/Day/Year

Directions: Please print or type. This form is only required if you are planning to be in the United States with an F-1 Student Visa. If you are privately sponsored (by parents, relatives, yourself, etc.), please have your sponsor complete Section A below. If you are sponsored by your government or by your employer, please have your sponsoring agency complete Section B on the second page. An International Student may have more than one financial sponsor. We must receive a bank statement indicating an account balance from each sponsor listed to verify available funds. The total amount of funds required is \$17,450 US. Adequate funds are extremely important.

Section A

Privately Sponsored Student

I am willing, able, and committed to provide financial support for all expenses during this applicant's education at Bellevue University. I promise to provide a minimum of \$17,450 US per academic year to this applicant to cover all tuition, educational, and living expenses.

Name of Sponsor _____

Relationship to Applicant _____

Signature of Sponsor _____ Date _____

**** This form requires the seal/stamp of an official (Notary Public/Commissioner of Oaths/Bank Official) who can attest to the authenticity of the sponsor's signature.**

I have witnessed this person's signature and can attest to its authenticity.

Signature

Seal/Stamp

Section B

Government Organization or Company Sponsored Student

I certify this organization/company will financially support the individual named below in the amount of \$17,450 US per year to pursue an academic degree with the following academic major: _____

This financial support begins on (date) _____ and ends on (date) _____.

A financial guarantee or other official verification of sponsorship must be included to show complete details, including amount and type of scholarship.

Name of Organization/Company _____

Address _____ Fax _____

_____ Phone _____

Name of Authorizing Official _____

Signature of Authorizing Official _____

Seal or stamp of organization/company:

I certify the information provided on this form is correct and complete.

Signature of Applicant

Date