



Fostering linguistic, academic, and cross-cultural success

AFFIDAVIT OF SUPPORT

Please use this form if financial support is provided by someone other than the applicant.

This is to certify that I, _____, (*please print your full name and relationship to the following*) guarantee the financial support for _____, (*please print the student's full name*) during the entire length of their study at INTERLINK Language Center on the campus of _____.

I have also enclosed an original, current (less than 90 days old) official bank statement as further indication of my ability to fund the above student at INTERLINK Language Center.

Signature of Financial Sponsor, Date

Address

Address (continued)

City/County/Postal Code

Telephone/Fax/E-mail Address