

international affidavit of support

MAIL TO:

Union College
Enrollment Services
3800 South 48th Street
Lincoln, NE 68506

CONTACT:

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enroll@ucollege.edu
P 1.402.486.2504
F 1.402.486.2566

Student information

Name _____ Date of birth: month _____ day _____ year _____
Mailing address _____
City _____ State _____ Zip code _____ Country _____

Funding sources

- Parent(s) father mother both spouse Name(s) _____
Address _____
Annual income of this person(s) (in your currency) _____ (in \$U.S.) _____
Amount your parents will pay annually for your studies (\$U.S.) _____
Personal savings amount (\$U.S.) _____
- Other relative(s) Relationship _____ Name(s) _____
Address _____
Annual income of this person(s) (in your currency) _____ (in \$U.S.) _____
Amount this person will pay annually for your studies (\$U.S.) _____
- Sponsor(s) Name(s) _____
Address _____
Annual income of this person(s) (in your currency) _____ (in \$U.S.) _____
Amount this person will pay annually for your studies (\$U.S.) _____
- Scholarships and/or loans from your government/other organizations _____
Amount of government scholarships/loans you will receive (\$U.S.) _____
Amount to be received from other organizations (\$U.S.) _____

NOTE:

Indicate your funding sources (one or more) for your studies at Union. Please provide bank statement(s).

Affidavit of support

I _____ (signature of parent/sponsor) will take financial responsibility for _____ (name of student) during the time he/she is studying at Union.

Telephone _____ Fax _____ E-mail address _____

I _____ (signature of parent/sponsor) will take financial responsibility for _____ (name of student) during the time he/she is studying at Union.

Telephone _____ Fax _____ E-mail address _____

I _____ (signature of parent/sponsor) will take financial responsibility for _____ (name of student) during the time he/she is studying at Union.

Telephone _____ Fax _____ E-mail address _____

NOTE:

Must be signed by parents/sponsors. Students may have one or more sponsors.