

AFFIDAVIT OF SUPPORT FORM CARLOW UNIVERSITY



THIS FORM MUST BE COMPLETED IN FULL AND CERTIFIED.

In consideration of and in exchange for the acceptance of _____,
(name of applicant)
who is my _____, as a student at **Carlow University** for the academic year
(relationship of applicant)
beginning on _____, I solemnly swear that I am able, willing, and do
(date)
promise to support that person named above during his/her stay in the United States as a student at
Carlow University.

I do further promise to provide him/her the minimum amount of U.S.\$ _____ per year for
her/his living expenses and tuition for each year of her/his academic studies at **Carlow University**.
Evidence of my financial resources in the form of a bank statement or employer's statement accompanies
this Affidavit of Support.

Sworn to and subscribed before me this _____ day of _____.
(day) (month, year)

Signature of Notary and Seal

Signature of Sponsor

Sponsor Name

_____ (please print)

This document is not binding upon Carlow University until final acceptance of the above mentioned applicant to the university.

GOVERNMENT SPONSORSHIP: If you are sponsored by your government or a governmental agency, please indicate the name of your sponsor and your scholarship identity number. You must include a copy of your government's financial guarantee.

SPONSOR: _____

SCHOLARSHIP NUMBER: _____

Remit all completed application documents to:
Center for Global Learning
Carlow University
3333 Fifth Avenue
Pittsburgh, PA 15213
U.S.A.