

# AFFIDAVIT OF SUPPORT

To be complete by the person providing financial support  
(Must be notarized)

I, \_\_\_\_\_, born in \_\_\_\_\_  
on \_\_\_\_\_

BEING DULY SWORN ON OATH, DEPOSE AND SAY,

1. That the Applicant, Mr./Mrs. \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_

is ☐ my son ☐ my daughter

2. That the Applicant intends to pursue his/her education by attending:

(Name of academic institution) \_\_\_\_\_  
located in \_\_\_\_\_  
during the period: from \_\_\_\_\_ to \_\_\_\_\_  
of the academic year \_\_\_\_\_

3. That I, the affiant, am employed full-time as \_\_\_\_\_, with  
sufficient income and assets to pay for the applicant's expenses during his/her  
entire stay in Italy, AS WELL AS to responsibly cover any unforeseen expenses  
the applicant may incur while studying in Italy.

4. That I, the affiant, will pay for the applicant's expenses as outlined above.

FURTHER, AFFIANT SAYETH NOT

\_\_\_\_\_  
(Signature of the Notary Public)

\_\_\_\_\_  
(Signature of the Affiant)

Seal of the  
Notary Public

**Remember to include affiant's Bank/financial statement(s) as per the information sheet**