Office of International Student & Scholar Services
1000 Holt Avenue, Box 2780, Winter Park, FL 32789
Tel: (407) 691-1158 Fax: (407) 646-2595
www.rollins.edu/int-students E-mail: oisss@rollins.edu

SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR

I certify that I am willing and able to sponsor _____
(insert student's name)

with the minimum amount of _____ U.S.dollars for her/his tuition and living expenses while attending Rollins
(insert $ amount)

College. I have attached original bank documentation in U.S. dollars dated and signed by a bank official issued no more than six months before the student's enrollment at Rollins College indicating savings or checking account funds sufficient to sponsor the student.

Signature (please handwrite your signature) _____ Date (mm/dd/yy) _____ Relationship to Student _____

Print Name _____ Sponsor's Country of Citizenship _____

Print Address _____

Telephone Number _____ E-mail _____