

## **AFFIDAVIT OF SUPPORT**

This form must be filled out, signed, and emailed with an Official Bank Letter and a copy of your passport to your advisor.

Start Term: Select one	Year:	I am:	Select One				
Family/Last Name:	Given/First Name:						
Date of Birth (MM/DD/YYYY):	Country of Birth:	of Birth: Country of Citizenship:					
Permanent/Foreign Address:							
Address:			City: _				
Province/State (if any):	Country:		Postal Code (if any):				
Please mail my I-20 Form & Admissio	ns Acceptance Letter to:						
Address:			City: _				
Province/State (if any):	Country:			Pos	stal Code	(if any):	
Phone Number:	Ema	ail:					
AFFIDAVIT OF SUPPORT (Student is a	allowed to have more than on	e sponsor):					
ATTIBATION OF TORY (ORGANIA)							
·	overnment, Foundations (Enc	close your aw	ard letter with	this forn	n)		
☐ Self-Sponsored ☐ Agencies, Go		•				cletter is en	closed
☐ Self-Sponsored ☐ Agencies, Go I agree to financially support student's e with this form.	ntire course of study at the A	cademy of Ar	t University a	nd the of	ficial bank		
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