



*Learning through innovative approaches*

### **AFFIDAVIT OF SUPPORT**

*Please use this form if financial support is provided by someone other than the applicant.*

This is to certify that I, \_\_\_\_\_, (*please print your full name and relationship to the following*) guarantee the financial support for \_\_\_\_\_, (*please print the applicant's full name*) during the entire length of their study at INTERLINK International Institutes on the campus of \_\_\_\_\_.

The applicant has submitted a current (less than 90 days old), official bank statement as indication of my ability to fund the above student.

\_\_\_\_\_  
Signature of Financial Sponsor, Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (continued)

\_\_\_\_\_  
City/County/Postal Code

\_\_\_\_\_  
Telephone/E-mail Address