



Affidavit of Financial Support for International Student Admissions

Please type in your responses or write legibly with black or blue ink.

Section 1. Required Information for Sponsor (Please Print)

1.	Last Name	First Name	Middle Name
2.	Address		
Mailing Address		City	State
Zip Code			
3.	Country	Phone #	() -
		Alternate #	() -

Section 2. This affidavit is executed on behalf of the following person:

1.	Student	Last (Family)	First	Middle
2.	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth	/ /
		SSN #	/ /	
3.	Student's Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed				
4.	Student's Relationship to Sponsor			
5.	Student Presently Resides at	US Address	City	State
Zip Code				
6.	Names of spouse and children accompanying or planning to join student in the US			
		Spouse's Name	Date of Birth	/ /
		Child's Name	Date of Birth	/ /
		Child's Name	Date of Birth	/ /
		Child's Name	Date of Birth	/ /
7.	I make this affidavit for the purpose of assuring Pitt Community College that the person's named in Section #2 will not become a public charge in the United States. I am writing and able to maintain and support the person(s) named in Section #2. I understand his affidavit will be binding upon me for the duration of study of the person(s) name in Section #2.			
8.	I am employed as or engaged in the business of		with	
		at		
9.	I derive an annual income of \$			
10.	I have on deposit in a bank in the US or	Country	in the amount of	\$

Section 3. Oath or Affirmation of Sponsor

I swear (affirm) that I know the contents of this affidavit signed by me, and the statements are true and correct.

Signature of Sponsor: _____
(Signature must be witnessed by Notary Public, Attorney, or other Official authorized to administer oaths).

Subscribed and sworn to (affirmed) before me this _____ day of _____, _____, at _____.

(Date) (Month) (Year) (Time)

Signature of Officer Administering Oath _____

Title _____ My commission expires on _____ / _____ / _____

Address _____

Phone # () - _____ - _____