**OAKLAND UNIVERSITY**

English as a Second Language

**AFFIDAVIT OF SUPPORT**

***This form is to be filled out by all sponsors assisting with the Educational Expenses of the applicant.***

***An official bank statement must be provided by all sponsors.***

Sponsor #1

I hereby certify that I am willing and able and that I do promise the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ per year,

payable in U.S. dollars, for the educational expenses of (Student’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my (son, daughter, cousin, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, while at Oakland University. Documentation of my financial resources is included.

Signature of Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor #2 (If applicable)

I hereby certify that I am willing and able and that I do promise the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ per year,

payable in U.S. dollars, for the educational expenses of (Student’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my (son, daughter, cousin, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, while at Oakland University. Documentation of my financial resources is included.

Signature of Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor #3 (If applicable)

I hereby certify that I am willing and able and that I do promise the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ per year,

payable in U.S. dollars, for the educational expenses of (Student’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my (son, daughter, cousin, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_, while at Oakland University. Documentation of my financial resources is included.

Signature of Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_