



EZRA UNIVERSITY

AFFIDAVIT OF FINANCIAL SUPPORT

(Please attach the verification of balance in bank letterhead for sponsor's account to this form.
For additional sponsors, use a separate *Affidavit of Financial Support* form.)

Student Information:

_____	_____	_____	_____
Last Name	First Name	Middle	Date of Birth
_____		_____	_____
Address		City	State Zip

I understand that EZRA UNIVERSITY's annual projection of the total tuition and expense for the above student is \$ _____ and is subject to change.

_____	_____	_____
Sponsor's Name	Relationship	Sponsor's telephone
_____		_____
Sponsor's Address		City State Zip

I, _____ (sponsor), am willing and able to maintain and agree to support _____ (student)'s educational costs during his/her stay at Ezra University in the amount of \$ _____ (USD) per year.

Sponsor's Signature: _____ Date: _____

I swear (affirm) that I understand the contents of this affidavit and that all statements are true and correct.

Sponsor's Signature: _____

Subscribed and sworn to (affirmed) before me on this _____ day of _____, _____ by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of officer administering Oath