AFFIDAVIT OF SUPPORT FORM  
CARLOW UNIVERSITY

THIS FORM MUST BE COMPLETED IN FULL AND CERTIFIED.

In consideration of and in exchange for the acceptance of ____________________________, (name of applicant), who is my ____________________________ , (relationship of applicant), as a student at Carlow University for the academic year beginning on ____________________________, I solemnly swear that I am able, willing, and do promise to support that person named above during his/her stay in the United States as a student at Carlow University.

I do further promise to provide him/her the minimum amount of U.S.$_________________ per year for her/his living expenses and tuition for each year of her/his academic studies at Carlow University. Evidence of my financial resources in the form of a bank statement or employer’s statement accompanies this Affidavit of Support.

Sworn to and subscribed before me this ____________________ day of ______________________. (day) (month, year)

__________________________________  ____________________________________
Signature of Notary and Seal         Signature of Sponsor

_________________________________________________________________________

Sponsor Name

_________________________________________________________________________

(please print)

This document is not binding upon Carlow University until final acceptance of the above mentioned applicant to the university.

GOVERNMENT SPONSORSHIP: If you are sponsored by your government or a governmental agency, please indicate the name of your sponsor and your scholarship identity number. You must include a copy of your government’s financial guarantee.

SPONSOR: __________________________
SCHOLARSHIP NUMBER: ________________

Remit all completed application documents to:
Center for Global Learning
Carlow University
3333 Fifth Avenue
Pittsburgh, PA 15213
U.S.A.