

Affidavit of Financial Support

Name of Student:			
	(Family Name)	(First Na	me)
Date of Birth of Stude	ent: (Month/Date/Year):		
he/she is pursuing a coguarantee to provide s	ncially able and willing ourse of study at Texas A ufficient funds to pay fo he student while studyin	A&M University-Corp r the tuition, fees, medic	us Christi. I hereby cal insurance, living and
Signature of Sponsor:		Date:	
Sponsor's Name (Prin	t):		
Relationship to Studer	nt:		
C	k letter or statement of a ted in U.S. currency) ava		d to this form providing uses of the student.
Dependant Informat	ion		
family mer	nbers will accompany st	udent	
Name	Relationship	Date of Birth	Country of Birth

An additional \$3,000 USD for each dependent will be required in financial support documents.

THE ISLAND UNIVERSITY

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