Global Engagement Office | West Chester University of Pennsylvania | 675 S. Church Street |

West Chester, PA  19383 | Ph:  (610) 436-3515 | Fx:  (610) 436-3426 | international@wcupa.edu

**Affidavit of Support**

Name of Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s current address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state that I am an adult of**

**(name of sponsor)**

**sound mind and disposition, and that I am competent to swear this affidavit on behalf of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is seeking admissions to study**

**(student’s name)**

 **at West Chester University of Pennsylvania and for whom I will assume financial responsibility.**

What relationship are you to the student?

\_\_\_\_\_**Spouse** \_\_\_\_\_**Parent** \_\_\_\_\_**Relative** (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_**Other** (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I intend to sponsor the student’s dependents.

\_\_\_\_\_ I do not intend to sponsor the student’s dependents.

I have reviewed the estimated expenses attached to this form and agree that I will provide full financial support so long as the student is enrolled at West Chester University of Pennsylvania. Financial support will meet costs for tuition and mandatory student fees, mandatory medical health insurance, room and board, and other personal living expenses for the duration of study.

I certify that if restrictions exist regarding transfer of funds between my country of residence and the United States, I have fully investigated them and am aware of the procedures I must follow to remit payment when it is due, and that I will guarantee payment when it is due regardless of existing funds’ transfer restrictions.

I certify that the information provided in this Affidavit of support and Bank Verification of Deposit is true and correct, and that I will provide funds to and assume full financial responsibility for this student for the duration of the student’s enrollment at West Chester University of Pennsylvania.