OIKOS UNIVERSITY AFFIDAVIT OF FINANCIAL SUPPORT

(This form must be submitted with the *Application* form and verification of deposit *in bank letterhead*. For additional sponsors, use a separate *Affidavit of Financial Support* form.)

	The following secti	on to be completed	l by student.		
Student Information:					
			,	,	
Last Name	First Name	Middle	Date of Birth (MI	/ M/DD/YEAR)	
Address		City	State	Zip	
	The following section	on to be completed	l by sponsor.		
I understand that Oike subject to change.	os University's annual projecti	on of the total tuiti	on and expense is \$ _	a	nd i
Sponsor's Name		Relationship		Telephone	
Sponsor's Address		City	State	Zip	
I,	(sponsor), am willin	g and able to maint	tain	(student)'	S
educational costs duri	ing his/her stay at Oikos Unive	ersity in the amount	t of \$	(USD) per yea	ar.
Signature:			/ /		
·	Sponsor		Date		
	Oath or A	ffirmation of Spon	sor		
I acknowledge at that	I am aware of my responsibili	ties as an immiorai	nt sponsor under the S	ocial Security Act	95
-	od Stamp Act, as amended.	ties as an initigral	in sponsor under the S	ocial Security Act,	as
	know the contents of this affic	lavit signed by me	and that all statement	s are true and corre	ect
i swear (arititit) that i	Know the contents of this arre	lavit signed by me	and that an statement	s are true and corre	сі.
Signature of sponsor:					
		day of		,	
Subscribed and sworr	n to (affirmed) before this	auy or			
Subscribed and sworr at					
	h to (affirmed) before this My commi				