

AFFIDAVIT OF FINANCIAL SUPPORT

This is to certify that I will be responsible for the entire expense of the below named person while studying at Georgia Southwestern State University. I am attaching a bank balance statement from the Bank or other resources available to guarantee this support.

Student's Name: _____

Home Address: _____

Name of School: GEORGIA SOUTHWESTERN STATE UNIVERSITY

School Address: 800 WHEATLEY STREET
AMERICUS, GA 31709

Telephone: (229) 931-2346
Fax: (229) 931-2335

Sponsor's Signature: _____

Sponsor's Name (Printed): _____

Relationship to Student: _____

Sponsor's Address:

Date: _____

Phone: _____