

STUDENT INFORMATION

Name (Exactly as it appears in your passport)

FAMILY (SURNAME)

FIRST (GIVEN)

What level of education will you pursue? BA BS MA MS MBA MFA Other _____

What will be your program of study? _____

AFFIDAVIT OF SUPPORT

This affidavit must be completed by the parents or sponsors of the student named above and certified by a notary official or corresponding authority.

I, _____, NAME OF SPONSOR/PARENT certify that I am able, willing and do promise to provide _____ NAME OF STUDENT no less than U.S.\$ _____ to meet his/her expenses during each year of study at Fairfield University. **I have attached all supporting documentation to prove that the promised financial resources are available to me.**

Relation to the Student _____

Home Address

 _____ Phone _____
 _____ Fax _____
 _____ E-mail _____

Dependents (those partially or fully dependent upon you for support)

Name (family, first)	Date of Birth	Country of Birth	Relationship to you
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Name (family, first)	Date of Birth	Country of Birth	Relationship to you
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Name of Employer _____

Annual Salary (optional) _____ (USD) **Other Income (optional)** _____ (USD)

I swear that the information I have provided above is true and correct. I understand that I will have a financial responsibility to support the student named above during the length of his/her program at Fairfield University.

 Sponsor's Signature MONTH / DAY / YEAR

 Notary Public/Officer Signature MONTH / DAY / YEAR

