



# Cowley College

## A F F I D A V I T O F S P O N S O R S H I P

### INTERNATIONAL STUDENT SERVICES

Cowley College  
125 S Second Street  
Arkansas City, KS 67005

Phone: 620.441.5245  
Fax: 620.441.5249

Email: [schears@cowley.edu](mailto:schears@cowley.edu)

Website: [www.cowley.edu](http://www.cowley.edu)

I hereby attest that I am financially able and will provide no less than US \$11,000 in cash to the student named below for each year of study at Cowley College. I also understand that if the student listed below fails to pay for their full educational expenses I am held liable for the remaining balance.

Name of student I will support: \_\_\_\_\_

My relationship to the student: \_\_\_\_\_

My complete address is: \_\_\_\_\_

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

The following are all of the persons who are dependent upon me for housing, food, or financial support. DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.

NAME	RELATIONSHIP TO ME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### A F F I R M A T I O N O R O A T H

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of sponsor: \_\_\_\_\_

Name of sponsor (printed): \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ Day OF \_\_\_\_\_ Month, 20\_\_\_\_ Year

Signature of notary or bank official: \_\_\_\_\_

Affidavit must be stamped and or sealed by the appropriate bank official before the I-20 will be issued.