



Cowley College

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

OFFICE OF ADMISSIONS

Arkansas City Campus
Cowley College
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Arkansas City, KS 67005

Fax:
620.441.5250

E-mail:
international@cowley.edu

Website:
www.cowley.edu

I hereby attest that I am financially able and will provide no less than US \$14,000 in cash to the student named below for each year of study at Cowley College. I understand that if the balance exceeds the amount listed above, I am liable to cover 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 _____ OF _____, 20_____
Day Month 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.