Phone: (626) 285-9668 Web: www.rosemeadcollege.edu

AFFIDAVIT OF SUPPORT

Sponsor/Person who	will provide t	he student with	financial su	pport wh	ile living	in the Unit	ed States:
Sponsor's Name			,				
Sponsor's Permanent	Address						
Date of Birth			n a citizen of	f			
Mo	nth / Day / Year						
I have lived in the co	ountry of my a	address since					
			I	Date			
Student's relationship	to me						
I am executing this at international student:	fidavit on bel	half of the follo	owing applic	ant to Ro	osemead	College as a	ın
Name of Student							
Address of Student _	No.	Street		Apt. #		Country	Zip Code
Please indicate the es enrolled at our institu			•	_	•	•	
I am willing and able College and will guar and will depart prior	antee that suc	ch person will n	ot become a	public c	harge wh		
I understand that expo College does not offe no housing available	r medical ins	urance, financia		•			
I am attaching a letter	from a bank	in which I have	e deposits.				

Date

Sponsor's Signature