



# CLOUD COUNTY COMMUNITY COLLEGE

## INTERNATIONAL STUDENT SPONSOR AFFIDAVIT FORM

Please **TYPE** and complete. Handwritten forms **WILL NOT** be accepted.

Important note: You must attach a **CURRENT** bank statement/letter **IN ENGLISH** and must be from a **CHECKING/SAVINGS/CERTIFICATE OF DEPOSIT** account (\*no stocks or investments) with an available balance of at least \$13,704 USD. Awarded scholarships may be subtracted from the total amount required. Name on bank statement must match sponsor information below.

### Student's Information:

Student Name \_\_\_\_\_ Gender Male Female  
Student Family Name Student First Name Student Middle Name

Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
Number & Street City State/Province Country Postal Code

### Sponsor's Information:

***Must be account holder's name, as written on the bank statement/letter.***

Mr. Mrs./Ms. \_\_\_\_\_  
Last Name Sponsor's First Name Sponsor's Middle Name

Relationship to the Applicant \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
Number & Street City State/Province Country Postal Code

I, \_\_\_\_\_, certify that this affidavit is made by me for the purpose of assuring Cloud County Community College that I will take financial responsibility, including but not limited to, education and living expenses of the above mentioned student throughout the duration of his/her studies. I have enclosed the required bank letter or statement indicating my ability to meet the expenses accrued by the above mentioned student.

I certify that all information in this form is truthful, to the best of my knowledge, and I further understand that it is a violation of the United States law to give false information to the college.

X \_\_\_\_\_  
Sponsor's Signature

Date: \_\_\_\_\_  
Month/Date/Year