



## AFFIDAVIT OF FINANCIAL SUPPORT

### TO BE COMPLETED BY THE APPLICANT:

Please check the sources of financial support you will have while attending AEU:

- Personal Funds:** With your application enclose a translated financial statement on official bank letterhead signed by a bank official showing a translated current bank balance.
- Funds from relatives or another personal sponsor:** With your application enclose a translated financial statement on official bank letterhead assigned by a bank official showing a translated current bank balance.
- Government or private sponsor:** With your application enclose a translated signed copy of your award from the sponsoring agency.

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### AFFIDAVIT

Personally appeared, before me, the undersigned officer duly authorized to administer oath, \_\_\_\_\_, a United States Citizen or legal resident, currently residing at \_\_\_\_\_ who deposes and states as follows:

1. Affiant is over the age of eighteen (18) years and is competent to testify \_\_\_\_\_ as to the facts herein.
2. I will at all times be responsible for the financial support, including tuition fees, air-fare, living expenses and all miscellaneous expenses of \_\_\_\_\_ while they are enrolled in the AEU.

FURTHER AFFIANT SAYETH NOT.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Signature**

Subscribed and Sworn to

Before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

in the city of \_\_\_\_\_

Notary Public \_\_\_\_\_

My permission expires: \_\_\_\_\_



**AFFIDAVIT OF FINANCIAL SUPPORT**  
**(Back Page)**

**TO BE COMPLETED BY THE SPONSOR:**

Sponsor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Middle (MM / DD / YYYY)

Address: \_\_\_\_\_  
Street Address City State Zip/Postal Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's relationship to applicant: \_\_\_\_\_

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**CERTIFICATION OF RESPONSIBILITY**

*\*This is to certify that I/We will assume financial responsibility for education-related expenses and support of the applicant during the course of his/her attendance at AEU. I/We understand that each term the full tuition and fees must be paid at the time of registration for classes. In addition, I/We will assume financial responsibility for the applicant's spouse and children if the spouse and/or children will be living with the student.*

**\*Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_