

# Affidavit of Financial Support

Western Nebraska Community College

## 1. SPONSOR'S INFORMATION

Last/Family Name(s)

First/Given Name(s)

Phone Number

E-mail

Address Line 1

Address Line 2 (Optional)

City

Postal Code

Country

Relationship to Applicant

## 2. APPLICANT'S INFORMATION

Last/Family Name(s)

First/Given Name(s)

Phone Number

E-mail

## 3. SPONSOR'S STATEMENT

I certify, that I am willing and able to maintain and support the **applicant** named above for all educational, living, health, transportation, and personal expenses while he or she is a student at Western Nebraska Community College. I assume any and all debts, obligations and liabilities determined to be owing by the **applicant** to Western Nebraska Community College.

I certify that I provided or authorized the financial evidence included with this affidavit and that all of the information is complete, true, and correct.

## 4. SPONSOR'S SIGNATURE

By typing my name below, I agree that it represents the legal equivalent of my manual signature on this Affidavit.

Date