AFFIDAVIT OF FINANCIAL SUPPORT

PARTICIPANT:			
Full Name:(First Name)	(Middle Name)	(L;	ast Name)
Date of Birth: (mm/dd/yy)			,
Current Address:			
Telephone Number:			
Country:			
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TO BE COMPLETED BY THE PA			
Full Name:(First Name)	(Middle Name)	(La	ast Name)
Date of Birth: (mm/dd/yy)			
Current Address:(Street	et Number and Name)	<u> </u>	
Telephone Number:		Postal C	code:
Country:			
Relationship to the participant:	_		
I,	the US as a par	porting him/h	
This affidavit is made by me for the purpose of assuring the U.S. Government, that the person named above will not become a public charge in the United States while participating in the program.			
I have attached the copies of my E give support to the applicant.	3ank Documents/Pass	books showii	ng my financial capacity to
I further certify under penalty of perjury under the United State Law that I am fully aware of the content of this affidavit signed by me and that statements are true and correct.			
Signature of the Parents/Guardian:			Date:

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