INTERNATIONAL SERVICES SAINT LOUIS UNIVERSITY...

Affidavit of Support

I,(Print name of family member/personal spons	hereby certify that I am willing and able to sor)
	in US dollars to meet the expenses incurred
by(Print student's full name)	during
the length of the students study to which th	neir application pertains. My relationship with the
student is that of:	I have authorized the release of my
supporting financial documents to verify th	nat the promised financial resources are available
to me. I affirm that I know and understand	the contents of this affidavit signed by me and the
statements are true and correct.	
Signature of family member/personal spon	nsor:
Date:	

