



The Study Abroad Foundation  
1100 West 42<sup>nd</sup> Street, Suite 385, Indianapolis, IN 46208 USA  
Tel: + 1 (317) 925-2943 Fax: + 1 (317) 925-2961  
Email: [info@safabroad.org](mailto:info@safabroad.org)

## AFFIDAVIT OF SUPPORT

### Affidavit of Support

Please complete this form in its entirety.

Yuhao ZHAI.  
Name of Student (First) (Last)  
UCLA Summer Session A 6/24 - 8/16  
SAF Program Name Duration of Study Abroad Program (start and end dates)

### I UNDERSTAND AND AGREE THAT THIS PROMISE IS BINDING.

I agree to provide the funds indicated below for the educational expenses of this student:

Shiyang ZHAI Father  
Sponsor's Name (First) (Last) Relationship to Student/Applicant  
Address: Complex Building, No. 969 Hospital, Kangfu Road, Donghe district.  
City, Province/Prefecture: baoto, Inner Mongolia Postal Code: 014000  
Country: CHINA Phone: 13848728691  
Email: 2536593870@qq.com  
Address (Native): 东河区 康复路 第969医院 综合楼  
City, Province/Prefecture (Native): 包头, 内蒙古 Postal Code (Native): 014000  
Country (Native): 中国

### BANK INFORMATION:

Currency of Sponsorship: 人民币 CNY Amount of Sponsored currency: 60000  
Bank Name: INDUSTRIAL AND COMMERCIAL BANK OF CHINA Bank City: baotou  
Bank Province/Prefecture: Inner Mongolia Bank Country: China

### AGREEMENT:

I hereby guarantee the student named above with the amount of funds indicated to pay for educational expenses. I understand that this affidavit is made by me for the purpose of assuring the host institution and host government that the student named above will be provided with sufficient funds for educational and personal expenses and will not become a public charge of the host country.

翟时阳 ZHAI Shiyang.  
Signature of Sponsor

1/26/2019.  
Date