



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

AFFIDAVIT OF SUPPORT

Affidavit of Support

Please complete this form in its entirety.

Ruize

Xu

Name of Student (First)

(Last)

academic UC Berkeley Multidisciplinary

2020/01/15-2020/05/15

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:

Jianying

Fu

Mother

Sponsor's Name (First)

(Last)

Relationship to Student/Applicant

Address: **Room 802 , Unit 1, Building 43, Mianhua Street, Xihu District**

City, Province/Prefecture: **Nanchang, Jiangxi**

Postal Code: **330000**

Country: **China**

Phone: **13755669836**

Email: **kjcxxm@163.com**

Address (Native): **西湖区棉花街43号一栋一单元802室**

City, Province/Prefecture (Native): **江西省南昌市**

Postal Code (Native): **330000**

Country (Native): **中华人民共和国**

BANK INFORMATION:

Currency of Sponsorship: **RMB**

Amount of Sponsored currency: **220, 000**

Bank Name: **China Construction Bank**

Bank City: **Nanchang**

Bank Province/Prefecture: **Jiangxi**

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.

付建英

Signature of Sponsor

2019.11.09

Date