

## International Student Services & Programs (ISSP)

Classroom Unit 105, 1156 High Street, Santa Cruz, CA, 95064 Phone: (831) 459-2858 | Fax: (831) 459-2382

## **Affidavit of Financial Support**

SECTION A. STUDENT/SCHOLAR INFORMATION.	
Surname/Family Name(s):	Given/First Name(s):
UCSC Student ID (if student only):	Gender: □ Female □ Male
SECTION B. CERTIFICATION OF INTENT TO PROVIDE FINANCIAL SUPPORT.	
I (sponsor name)	, commit to provide (amount
in USD) for the education (if student) and living expenses of the student/scholar named above (and his/her	
dependents, if applicable) at the University of California, Santa Cruz.	
Signature of Sponsor	Date
Printed Name	<u> </u>
Relationship to Applicant	
Address	