

Affidavit of Support

APPLICANT INFORMATION

FULL NAME	
DATE OF BIRTH	
ADDRESS	
PURPOSE OF TRAVEL	
DURATION OF STUDY	
SPONSOR INFORMATION	
NAME	
RELATIONSHIP TO APPLICANT	
ADDRESS	
ACCOUNT BALANCE	
NAME OF BANK OR INSTITUTION	
I hereby certify that I am willing and able to sponsor stay in the United States.	for the duration of his/her
Signature of Sponsor:	
51.10	