





College of Health Professions

This form may be reproduced.

SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and able to sponsor (insert student name)

with the minimum amount of (insert amount) US dollars for her/his graduate tuition and living expenses while attending

Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

Signature Month Day Year Relationship to Student

Print Name Sponsor Citizenship

Print Address Telephone Number

Fax Number Email

SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 2

I certify that I am willing and able to sponsor (insert student name)

with the minimum amount of (insert amount) US dollars for her/his graduate tuition and living expenses while attending

Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

Signature Month Day Year Relationship to Student

Print Name Sponsor Citizenship

Print Address Telephone Number

Fax Number Email

SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 3

I certify that I am willing and able to sponsor (insert student name)

with the minimum amount of (insert amount) US dollars for her/his graduate tuition and living expenses while attending

Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

Signature Month Day Year Relationship to Student

Print Name Sponsor Citizenship

Print Address Telephone Number

Fax Number Email