

Affidavit of Support for University of Colorado Boulder Exchange Visitor Scholar

Exchange Visitor's Information

Affidavit of Support for _____
Exchange Visitor's First, Middle, and Last Name

Date of Birth: _____ DS-2019 Start Date: _____ Email: _____

To be Completed by the Financial Sponsor

I, _____, certify that I am able, willing, and do promise to
Full Name of Person Providing Financial Support

provide funding to _____, who is my _____.
Name of the Person You will Fund Relationship—e.g., child, spouse

I will provide a minimum of \$_____, payable in U.S. dollars, for living expenses and academic expenses (if applicable), for the period of _____ to _____ while they participate in an exchange visitor program at the
month/day/ year month/day/ year
at the University of Colorado Boulder.

Complete this section if you will *also* provide funding to support the scholar's spouse and/or children:

I will also provide funding for their dependents, named here:

Spouse: _____
Spouse's Name, if applicable

Children: _____
Children's' Names, if applicable

Evidence of my financial resources in the form of a current bank statement accompanies this Affidavit of Support.

Full Name of Financial Sponsor: _____

Current Phone or Email Address: _____

Complete Address of Financial Sponsor:

Street Address, Suite/Unit/Apt, City, State, Province, Postal Code, Country

Signature:

Date Signed: _____