

International Affidavit of Support

Student information

Name _____ Date of birth: month _____ day _____ year _____

Mailing address _____

City _____ State _____ Zip code _____ Country _____

MAIL TO

Union Adventist University
Enrollment Services
3800 South 48th Street
Lincoln, NE 68506

Funding sources

Parent(s) father mother both spouse Name(s) _____

Address _____

Annual income of this person(s) (in your currency) _____ (in \$U.S.) _____

Amount your parents will pay annually for your studies (\$U.S.) _____

Personal savings amount (\$U.S.) _____

Other relative(s) Relationship _____ Name(s) _____

Address _____

Annual income of this person(s) (in your currency) _____ (in \$U.S.) _____

Amount this person will pay annually for your studies (\$U.S.) _____

Sponsor(s) Name(s) _____

Address _____

Annual income of this person(s) (in your currency) _____ (in \$U.S.) _____

Amount this person will pay annually for your studies (\$U.S.) _____

Scholarships and/or loans from your government/other organizations _____

Amount of government scholarships/loans you will receive (\$U.S.) _____

Amount to be received from other organizations (\$U.S.) _____

Affidavit of support

I _____ (signature of parent/sponsor) will take financial responsibility for

_____ (name of student) during the time he/she is studying at Union

Telephone _____ Fax _____ E-mail address _____

I _____ (signature of parent/sponsor) will take financial responsibility for

_____ (name of student) during the time he/she is studying at Union

Telephone _____ Fax _____ E-mail address _____

I _____ (signature of parent/sponsor) will take financial responsibility for

_____ (name of student) during the time he/she is studying at Union

Telephone _____ Fax _____ E-mail address _____

CONTACT

www.uau.edu
enroll@uau.edu
1.402.486.2504

NOTE

Indicate your funding sources (one or more) for your studies at Union. Please provide bank statement(s).

NOTE

Must be signed by parents/ sponsors. Students may have one or more sponsors