AFFIDAVIT OF SUPPORT

This information is to be filled out by the individual who will be responsible for the international student attending F2E Academy. In order for this form to be recognized as valid, it must be filled out completely and signed by the sponsor.

STUDENT INFORMATION			
First Name	Middle Name	Last Name	
Address:			
City:	State:	Postal Code:	
Phone:	E-mail:	Date of Birth (mm/dd/yy)	
Signature:	Date:		

TO BE COMPLETED BY SPONSOR		
First Name:		
Last Name:		
Relationship to student:		
Address:		
City:	State:	Postal Code:
I hereby certify that I will provide financial support for _____, while he/she attends Face to Face Learning Center as an international student.		
Signature of Sponsor	Date	