

AFFIDAVIT OF SUPPORT



Graduate School

WASHINGTON STATE UNIVERSITY

Date: _____

Sponsor Name: _____

Address: _____

Student name: _____

Student WSU ID number: _____

To Whom It May Concern:

I, _____ certify that I am able, willing and do promise to provide
SPONSOR NAME

_____ who is my _____
STUDENT NAME AND WSU ID NUMBER RELATIONSHIP TO STUDENT

with enough financial support for the first academic year at Washington State University

Sincerely,

PRINTED NAME OF SPONSOR

ORIGINAL SIGNATURE OF SPONSOR
(SIGNATURE REQUIRED IN **BLUE** INK)

Please note: By signing the *Affidavit of Support* form, I certify that the above information provided on this form is a true and correct.