

## 1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS (908) 709-7000

ELIZABETH CAMPUS PLAINFIELD CAMPUS SCOTCH PLAINS CAMPUS (908) 965-6000 (908) 412-3599 (908) 709-7000

## **International Student Services Affidavit of Support**

Last Name		First (Given) Name	Middle Name	
UNION COUNTY COLLEGE ID #:			Date of Birth	
ONION COUNTY COLLEGE ID #			(MM/DD/YYYY)	
Note: If you do not	have a sponsor and a	are self-funding your educa	tion, submit a copy of your bank statement.	
		Source of Support: Fun	ds from Sponsor	
		Source of Support: Full	us from Sponsor	
Sponsor's Name:			Relationship to Student:	
Cloto Adduses.				
Complete Address:				
Telephone Number:		Email:		
Yearly amount of s	upport to applicant (U	J.S. dollars):		
List any other depe	endents you have:			
––––– First Name	Last Name	Date of Birth	 Relationship	
		Date of Birth		
 First Name	Last Name	Date of Birth	Relationship	
Ry signing this aff	idavit of support. I pr	omise to be financially resi	oonsible for tuition, fees, living expenses, and any ot	her
		se name appears above.	on since for turnon, rees, name expenses, and any or	iici
_				
Sponsor's Signature:			Date:	

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.