



HIGH POINT UNIVERSITY

Affidavit of Financial Support

I, the undersigned, _____
(Name and Last Name)

born in _____ on _____
(Place) (Date)

residing at _____
(Street Address, City, State, and Country)

I depose and say that I will take financial responsibility for my son / daughter / wife / husband / parents / self:

(Name and Last Name of the Applicant to High Point University)

regarding all the expenses which he/she may incur during his/her stay in the United States of America.

Name (please print): _____

Signature: _____ Date: _____

Witness

Sworn and subscribed to before me on: _____
(Date)

Notary Public Signature & Seal: