



**Valor Christian College**  
**International Student Services Office**  
 PO Box 800  
 Columbus, OH 43216-0800  
 Phone: (614) 837-4088  
 Fax: (614) 837-6904

## SPONSOR AFFIDAVIT OF SUPPORT

Note: Any form not complete and certified/stamped by an appropriate official and not accompanied by official documents will be considered incomplete and I-20 will not be issued. This form is valid for 6 months for the purpose of issuing I-20.

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Sponsor Name Address

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City State/Province Zip Code/Postal Code Country

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on \_\_\_\_\_ at \_\_\_\_\_  
mm dd yyyy City Country

2. I am a citizen of: \_\_\_\_\_

3. I hereby attest that I am willing AND able and WILL provide no less than U.S. \$ \_\_\_\_\_ in cash to the student named below for each year of study at Valor Christian College. I am attaching documents that prove the support is available/attainable; including bank statement(s), employment/salary letter(s), investments, tax returns and other assets (the amount indicated should agree with the amount on the Financial Certification Form, provided by the student).

4. Name of Student \_\_\_\_\_

My relationship to the student is \_\_\_\_\_

I can be reached at the following number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

My e-mail Address is: \_\_\_\_\_

5. The following are all of the persons who are dependent upon me for housing, food and financial support. **DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.**

Name	Relationship to me	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. I am employed as, or engaged in the business of \_\_\_\_\_ with \_\_\_\_\_  
Type of Business Name of Concern

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at \_\_\_\_\_  
Address

7. I derive an annual income of: \$ \_\_\_\_\_  
I have on deposit in savings banks: \$ \_\_\_\_\_  
I have other personal property, the reasonable value of which is: \$ \_\_\_\_\_  
I have investments with the following market value: \$ \_\_\_\_\_  
I own real estate valued at: \$ \_\_\_\_\_

8. I intend to make specific contributions to the person named above (indicate the exact nature of the contributions):

\$ \_\_\_\_\_ Weekly  
\$ \_\_\_\_\_ Monthly  
\$ \_\_\_\_\_ Lump sum

(The total amount should be equal as on item number three)

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### AFFIRMATION OR OATH OF SPONSOR

I hereby affirm/swear that the contents of the above statement signed by me are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### NOTORIZATION/CERTIFICATION

SWORN AND SUBSCRIBED BEFORE ME THIS DAY OF \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary \_\_\_\_\_ (Seal)

Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_

My commission Expires \_\_\_\_\_

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**This form must be returned with ALL required documents directly to:**

**Valor Christian College**  
**International Admissions Office**  
**PO Box 800**  
**Columbus, OH 43216-0800**  
[admissions@valorcollege.edu](mailto:admissions@valorcollege.edu)