

Affidavit of Support

Date _____

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)

(Student name) (Student WSU ID number)

who is my _____ with enough financial support for the first
(Relationship to student)

academic year at Washington State University.

Sincerely,

Printed name of sponsor

Signature of sponsor