## Affidavit of Financial Support

Date:			
To Whom It May Concern:			
This is to certify that I,	[Sponsor Name]	<u>,</u> the	elationship to Student]
of[Student Name]	_ am financially able a	nd willing to support	[Student Name]
in the amount of US\$	for his/h	er study at the Unive	ersity of Oregon
from[date support begins]	_ to[date support ends]		
Evidence of my financial re	esources (i.e. bank stat	ement) is attached fo	or your reference.
		/_/ MM / DD /	