

1033 Springfield Avenue • Cranford, NJ 07016 40 West Jersey Street • Bizobeth, NJ 07202 232 East Second Street • Plainfield, NJ 07060 1776 Raritan Road • Scotch Plains, NJ 07076 908,709,7000 www.ucc.edu

International Student Services Affidavit of Support

Last Name		First (Given) Name	Middle Name	
HOLLID "			D. ((P) 1	
UCNJ ID #:			Date of Birth	
Note: If you do not l	have a sponsor and a	re self-funding your educati	on, submit a copy of your bank statement.	
		Source of Support: Fund	s from Sponsor	
_				
Sponsor's Name:		F	Relationship to Student:	
			-	
Complete Address:				
Telephone Number:		Email:		
Yearly amount of su	pport to applicant (U	.S. dollars):		
T:-44b 3	. J			
List any other deper	ndents you have:			
First Name	Last Name	Date of Birth	Relationship	
First Name	Last Name	Date of Birth	Relationship	
First Name	Last Name	Date of Birth	Relationship	
		omise to be financially respo se name appears above.	onsible for tuition, fees, living expenses, and a	ny other
relevant expenses	or the applicant who	se name appears above.		
	· <u></u>		Date:	

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