



1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS (908) 709-7000 ELIZABETH CAMPUS (908) 965-6000 PLAINFIELD CAMPUS (908) 412-3599 SCOTCH PLAINS CAMPUS (908) 709-7000

International Student Services
Affidavit of Support

Last Name First (Given) Name Middle Name

UNION COUNTY COLLEGE ID #: Date of Birth (MM/DD/YYYY)

Note: If you do not have a sponsor and are self-funding your education, submit a copy of your bank statement.

Source of Support: Funds from Sponsor

Sponsor's Name: Relationship to Student:

Complete Address:

Telephone Number: Email:

Yearly amount of support to applicant (U.S. dollars):

List any other dependents you have:

First Name Last Name Date of Birth Relationship

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First Name Last Name Date of Birth Relationship

By signing this affidavit of support, I promise to be financially responsible for tuition, fees, living expenses, and any other relevant expenses of the applicant whose name appears above.

Sponsor's Signature: Date: