

Financial Support Affidavit

Student Name		
Family N	ame First Name	e Middle Name
Degree	Area of St	udy
Section 2 – Statem	ent of Financial Support (Please prir	nt)
List of sources and amou	unts (in U.S. dollars) of financial support	
Funds from Family or Ot	hers:	\$
Name of Sponsor:		
Relationship to Student		
Funds from Family or Ot	hers:	\$
Name of Sponsor:		
Relationship to Student _		
A. I,	tion of Financial Support (Please pr	rint), certify that the information given on this form is
A. I,Student Name	rate to the best of my knowledge. I am fully av	·
A. I, Student Name complete and accur	rate to the best of my knowledge. I am fully av admission.	, certify that the information given on this form is
A. I,Student Name complete and accur automatic denial ofStudent's Signature B. This is to certify tha of full-time study at indicating the availar.	rate to the best of my knowledge. I am fully avadmission. Re(REQUIRED) t I/we the undersigned have agreed to provide Texas Tech University Health Sciences Center.	, certify that the information given on this form is vare that any false or misleading statement will result in an
A. I,Student Name complete and accur automatic denial ofStudent's Signature B. This is to certify tha of full-time study at indicating the availa attendance at Texa 1.	rate to the best of my knowledge. I am fully avadmission. E (REQUIRED) I I/we the undersigned have agreed to provide Texas Tech University Health Sciences Center is bility of these funds. We agree to maintain fin	, certify that the information given on this form is ware that any false or misleading statement will result in an
A. I, Student Name complete and accur automatic denial of Student's Signature B. This is to certify tha of full-time study at indicating the availa attendance at Texa 1.	rate to the best of my knowledge. I am fully avadmission. e (REQUIRED) t I/we the undersigned have agreed to provide Texas Tech University Health Sciences Center billity of these funds. We agree to maintain fins Tech University Health Sciences Center.	, certify that the information given on this form is ware that any false or misleading statement will result in an
A. I, Student Name complete and accur automatic denial of Student's Signature B. This is to certify tha of full-time study at indicating the availa attendance at Texa 1. Sponsor's Signature Address	rate to the best of my knowledge. I am fully avadmission. e (REQUIRED) t I/we the undersigned have agreed to provide Texas Tech University Health Sciences Center billity of these funds. We agree to maintain fins Tech University Health Sciences Center.	, certify that the information given on this form is vare that any false or misleading statement will result in an