

Instructions: If you are receiving support from your government, an organization, or institution apart from Cumberland University, please ask your funding agency to complete the following information. All supporting documents must be in English, be dated within the past six (6) months, be official, and be signed by the appropriate officials.

## AFFIDAVIT OF SUPPORT

### A. Applicant Information

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*Applicant Last Name**Applicant First name**Applicant Middle Name*

Resident Country of Applicant \_\_\_\_\_

### B. Funding Agency Information

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*Name of Funding Agency*Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Agency Representative \_\_\_\_\_

Official Title \_\_\_\_\_

Official Division \_\_\_\_\_

Funding is effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(mm) (yyyy) (mm) (yyyy)Total award is \$ \_\_\_\_\_ per year for \_\_\_\_\_ years.  
(US Dollars) (Total Number)

Please check all expenses that will be provided: (please check all that apply)

- Tuition and fees
- Health insurance
- Living expenses for student
- Living expenses for spouse and children

I certify that the information on this form is accurate and complete and that we will pay for the expenses indicated on this form.

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*Sponsor Signature*

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*Date*