

Tysons Campus 8620 Westwood Center Dr. 5940 Centreville Crest Ln. Vienna, VA 22182 TEL. 703-206-0508

Centreville Extension Centreville, VA 20121 TEL. 703-266-0508

Rockville Extension 20 W Gude Dr. Rockville, MD 20850 TEL. 301-929-0565

Ellicott City Office 9275 Baltimore National Pike Ellicott City, MD 21042 TEL. 410-720-2842

## AFFIDAVIT OF SUPPORT

| I,          |   | the undersigned, sw      | ear that I sh | nall give the below-named pers | on |
|-------------|---|--------------------------|---------------|--------------------------------|----|
| _           | pport during his/her study<br>laneous expenses. | in the United States, in | ncluding livi | ing expenses and other         |    |
| STUE        | <u>DENT</u>                                     |                          |               |                                |    |
|             | Name in Full:                                   |                          | _             |                                |    |
|             | Date of Birth:                                  |                          | _             |                                |    |
|             |   |                          |               |                                |    |
|             |   |                          |               |                                |    |
| <b>SPON</b> | <u>ISOR</u>                                     |                          |               |                                |    |
|             | Name in Full:                                   |                          |               |                                |    |
|             |   |                          |               |                                |    |
| •           | Relationship to Student                         | :                        | _             |                                |    |
|             |   |                          |               |                                |    |
|             |   |                          |               |                                |    |
|             |   |                          |               |                                |    |
|             |   |                          |               |                                |    |
|             |   |                          | Date:         |                                |    |
|             |   |                          |               |                                |    |
|             |   |                          |               | (Sponsor's Signature)          |    |