

## **AFFIDAVIT OF SUPPORT FOR DEPENDENT**

I,ag (Name of Financial Supporter)	ree to provid	e complete financial supp	ort (minimum of USD \$4,000 per year)
for(Name of Dependent)	, who is my _	(Relationship to Suppor	 ter)
I affirm that the attached bank statement is a true reflection of my commitment to support the individual named above during their stay in the United States of America.			
Signature of Financial Supporter:			-
Name of Financial Supporter:			-
Date:			
When ready, please submit to:			

Radford University McGlothlin Center for Global Education and Engagement 801 E. Main Street, Box 7002 Radford, VA 24142 U.S.A.

<u>or</u>

Email: globaled@radford.edu