

Affidavit of Financial Support for International Applicants

1,	(sponsor's name), certify that I will be a financ	
	$_{ extstyle }$ (student's full name) during the duration of his/her studies at Lo	yola University
Maryland.		
\$ US dollars		the amount o
while at Loyola University Mary	yland.	
Bank's Name:		
Address: _		
Phone Numbers: _		
Your Relationship to Student:		_
Your Full Legal Name: _		
Your Address:		
Telephone Number(s): _		
Email Address: _		
Signature:	Date:	
Co-Signature (If bank statem	nent is in more than one's person name):	
Relationship to Student:		
Full Legal Name: _		
Signature:	Date:	

This form should be sent to: Office of International Student Services, Loyola University Maryland, 4501 North Charles Street, HU 141, Baltimore, MD, 21210; Telephone: +1 (410) 617-5245